

**The Corporation**

OF

**The City of Cape Town**



**ANNUAL REPORT**

OF THE

**Medical Officer of Health**

**1965**

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City of Cape Town. - Stad Kaapstad.

*With the Compliments of the Medical Officer of Health.*

*Met die Komplimente van die Mediese Gesondheidsbeampte.*



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**The City of Cape Town**



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**1965**



# THE CORPORATION OF THE CITY OF CAPE TOWN.

## Report of the Medical Officer of Health

FOR THE YEAR 1965

TO HIS WORSHIP THE MAYOR AND COUNCILLORS  
OF THE CITY OF CAPE TOWN

Ladies and Gentlemen,

I have the honour to present my 14th report on the health conditions of the City of Cape Town together with an account of the work carried out by the City Health Department for the year 1965. Health conditions throughout the year have been satisfactory.

### *Vital Statistics.*

The estimated population of the City, based on the Census of 1960, is 594,640 (197,670 White and 396,970 non-White). The recorded figures for the Bantu section of the population are the figures of this racial group known to the Bantu Administration of the Council, and are much more accurate than those provided by the Census.

### *Births.*

A significant decline (456) in notified births occurred in all groups, except the Bantu, as compared with 1964. It is pertinent to pose the question whether the increased use of the birth control facilities available in the Municipality is not making an impact on the local population explosion. Time alone will reveal whether this trend is to be maintained.

According to the returns of the Registrar of Births and Deaths, 3,444 White and 15,564 non-White births were registered during the year as belonging to the Municipality of Cape Town. This is a five per cent increase over the previous year, but once again nearly 2,000 less than the actual number of births which occurred as notified to the Department by institutions, midwives and others.

The effect of past non-registration of births is beginning to be felt in the city as increasing numbers of applicants for birth certificates are being referred by the Births and Deaths Registrar to this Department for details of the births concerned.

Illegitimacy which has been steadily rising over the past five years, increased again in the year under review.

The number of stillbirths fell considerably after the unaccountable rise in the previous year.

The percentage of confinements taking place in institutions has been maintained, except in the case of non-Whites, where institutional confinement is limited by the inadequate available accommodation.

The usual preponderance of male over female births again occurred.

### *Deaths.*

The number of deaths registered as occurring among city residents was 6,389 (2,089 White and 4,300 non-White). The White death rate dropped from 10.83 to 10.57, while the non-White death rate rose from 10.42 to 10.83.

### *Whites.*

No real change occurred in the pattern of principal causes of death among Whites, but the continued annual decline in deaths from cardiovascular diseases since the peak of 1960, and a slight annual increase in cancer deaths have to be recorded.

Bronchogenic cancer amongst White males over 55 years of age shows a marked increase. Deaths from bronchogenic cancer for all groups has assumed the leading place as a cause of death from cancer, followed closely by cancer of the stomach. This is the first time that such has been recorded and is possibly some indication of failure of the health educational propaganda against the ubiquitous cigarette.

### *Non-Whites.*

Among non-Whites the death rate has been rising since 1962. In the year under review an increased number of deaths in all the main categories has to be recorded. An unpleasant fact that emerges is that deaths falling into the classification of diseases of infancy have increased significantly. No individual cause in this group can be held responsible.

The continued increase in violent and accidental deaths in this group is to be noted. The factors are many, but alcohol and the use of the everready knife under provocation play a not insignificant part.

The high rate of suicide which had persisted since 1960, dropped during 1965.



*Infant Mortality*

Infant mortality figures for 1965 represent a setback for both the White and non-White groups.

Although there were fewer total White infant deaths than in the previous year, an increase in the infant mortality rate has resulted, owing to a corresponding drop in births.

The non-White rate is still unduly high (78.5), being nearly four times the rate for the Whites.

The reduction in perinatal deaths, which represent the stillbirths plus deaths in the first week of life, is the only redeeming feature of the infant mortality figures for the year.

*Maternal Mortality.*

The maternal deaths have increased from the unusually low figure of the previous year.

Abortions, particularly in the non-White group, are responsible for over half of these deaths. It can be accepted that many of these are criminally induced for unwanted pregnancies. What better support could one have for making available additional centres for the distribution of family spacing advice and the supply of materials such as the "Pill" or the fitting of a suitable intra uterine device so as to prevent further unwanted pregnancies.

*Infectious Diseases.*

The incidence of typhoid fever (17 notifications) compared favourably with the previous year, but is most disappointing when the amount of work performed in tracing and controlling "carriers" is taken into account. No deaths from this disease occurred.

The notification of 12 cases of diphtheria (6 White and 6 non-White) constitutes a new record low incidence of this disease in the city. Five fatal cases, all unimmunised, emphasize the everpresent dangerous nature of diphtheria in the unimmunised and the criminal and callous neglect of indifferent parents in not having their children immunised. Despite intensive home follow-ups, propaganda and press publicity, a small hard core of parents, through laziness, indifference or for other reasons, are not prepared to have their children protected against the preventable diseases.

The incidence of scarlet fever remained at a low level.

There was an increase of poliomyelitis during the year, with 15 cases notified - all non-White. Figures show that nearly 100 per cent of White children are being immunised; but, although compulsory by law, the non-Whites are still failing to comply. Legal proceedings have been instituted for deliberate refusal to have susceptible children immunised, resulting in fines, or prison sentences being served by obdurate non-White parents.

Nine of the 15 confirmed cases were completely unimmunised; five had been fully immunised and one partly immunised. No deaths occurred in the series. The problem of such a large number of fully immunised cases developing paralysis is rather disturbing and has resulted in an exchange of information with the Head of the Poliomyelitis Foundation, Johannesburg, who manufacture and distribute the live oral vaccine.

The incidence of cerebrospinal fever remained at approximately the same level as the previous year. Six deaths from this disease were recorded.

Fewer cases of kwashiorkor were notified (323 as against 397).

Measles appears to be now established in a biennial cycle. 70 deaths (67 non-White) were recorded during the year under review; 35 in the previous year; and 90 in 1963. The average number of deaths over the past five years is far above that recorded for any previous quinquennium. Special arrangements at the City Hospital for Infectious Diseases for the admission and treatment of measles cases inaugurated two years ago are still in operation. Tracheotomy is more frequently performed for this condition than for laryngeal diphtheria.

*Tuberculosis.*

A small reduction occurred in the number of new cases of tuberculosis notified, despite the need to include in this group children under the age of five years with a positive reaction to the Tuberculin Test to whom B.C.G. had not been given.

The White death rate from the disease has been halved over the past five years, but the reduction among non-Whites is very much less.

The new clinic opened at Silvertown, in the heart of the new Coloured Townships, appears to have drawn patients from other centres and thereby relieved the pressure of predominantly Coloured attendances at those centres.

During the year a mobile X-ray unit (100 millimetre) was put into operation to serve the main anti-tuberculosis clinics. Its introduction has materially lessened the strain on the Hospital X-ray facilities as well as effecting a saving in time and money for the many who previously had to travel long distances to such institutions for large film examinations.

*Venereal Disease.*

A feature of the work of this Branch has been the large increase in female attendances at the treatment centres following the opening of two new centres at Athlone and Guguletu. For many years it had been difficult to secure attendance by females, but during 1965 the male and female new cases of syphilis were almost equal.

*Dental Services.*

In January of this year, evidence was given by Dr. Croxford, the Principal Dental Officer, and myself to the Commission of enquiry into Dental Services and the Training of non-White Dental Surgeons, who spent several days in the city taking evidence from interested bodies. The need to provide facilities for the training of non-White dental surgeons is self-evident and it is hoped that the Commission's report will be implemented with all speed by the responsible State Department.

The report of the Commission appointed by the Minister of Health to investigate the need for the fluoridisation of public water supplies has not yet been published. It is hoped that this important subject will receive clarification early in 1966 so that those local authorities whose water supplies contain minimum amounts of fluorine can proceed to raise these levels to the recommended optimum level of 1 part per million.

*Child Welfare.*

This Branch continues to expand and during the year took occupation of a new clinic erected on the site previously occupied by an old house which had been adapted and used for many years previously as a maternal and child welfare centre. In addition, two further temporary centres were brought into use at Facetron and at Sherwood Park.



Although much has been accomplished in the field of immunisation against poliomyelitis, diphtheria, whooping cough and tetanus, intensive follow-up of failures reveals such a variety of reasons for default by parents that, even where compulsory, a 100 per cent immunised child population will be well nigh impossible of attainment.

In contrast to the child welfare clinics where there have been declining attendance over the past three years, the pre-natal clinics are attracting increasing numbers of new cases.

The growth of the cytological (Papanicolou) service at the post-natal clinics resulted in a corresponding increase in the number of Grade IV and Grade V reports of suspicious cells (101). All such cases are automatically booked for attendance at special sessions staffed by the Department of Obstetrics and Gynaecology of the University of Cape Town at Groote Schuur Hospital, where full and further exhaustive investigations are carried out. 14 unsuspected cases of cervical cancer were detected during the year by this means.

Instruction in family limitations and spacing is being given by the Mothers' Clinic — a voluntary welfare organisation who use the municipal clinics — to an ever greater number of mothers, as attendance figures show. The use of the "Pill" as well as "Lippies Loop" are very acceptable measures to all racial groups of the population as a means of attaining satisfactory family spacing.

#### *City Hospitals*

The daily average of in-patients increased at both the City and Brooklyn Chest Hospitals. At Brooklyn Chest Hospital, owing to medical and nursing staff difficulties, thoracic surgery had to be drastically curtailed during the year.

#### *Environmental Sanitation*

The introduction of automatic food-vending machines to the city and all the problems associated with possible food poisoning as a result of their use called for the promulgation of Regulation 1889 which provided for the registration and limiting of the use of such machines in so far as the commodities of food-stuffs which they could be permitted to sell, and laid down conditions as to their siting and operation.

Owing to the costly requirements for extensive repairs and replacement of machinery by the Government Department of Labour at the Hanover Street Washhouse, and a serious fire at the Mowbray Washhouse, it seemed possible, at one time, that both establishments would not continue to operate in 1966. Public demand, however, resulted in the Council deciding to bring both establishments back into full operational use.

The public washhouse amenities provided by the Council have been a feature of the city since the turn of the century. While attendances have slowly declined over the past two decades — possibly due to the introduction of private domestic washing machines and laundrettes — there is still a sufficient demand to warrant their continuation for some time to come. It will be a pity to see one of the old Cape traditions of the Malay washerwoman and her bundle of washing passing out of existence.

There was a considerable drop in the quantity of vegetables condemned at the public markets.

Despite continued staff difficulties, the public health coverage of the city, as recorded in inspections and other matters requiring attention, has been maintained.

The bulk storage and delivery of milk, started experimentally in 1961, has been considerably expanded during the year.

#### *Housing*

The proposed pilot rehabilitation scheme for the "District Six" area of the city has had to be abandoned as the result of a larger and more extensive re-development scheme for the area decided upon by the Central Government.

The housing position for the Coloured group in the city is, notwithstanding the erection of approximately 2,000 new units per annum, steadily retrogressing.

This Local Authority cannot afford the luxury of a Group Area clearance affecting in the main the Coloured group and at the same time be expected to deal with slum elimination and clearance. The latter has received no attention for many years owing to the long continued inherent and chronic shortage of Coloured housing.

With nearly 8,000 families on the waiting list for new Coloured houses, the present proposed construction of 2,000 units per annum will have to be doubled. Such doubling will require not only additional land, which, in large blocks, is not now available, but also an increase in the technical engineering staff to plan the services and lay out of these new Townships. This shortage of land makes multi-storeyed housing units inevitable.

The completion of 3,186 dwelling units (Coloured and Bantu) by the Council is an all-time record. Half of these dwellings were low cost units at Guguletu Township.

#### *Acknowledgments*

I desire to acknowledge with appreciation and gratitude the loyal support and ever willing assistance given me by all members of my staff. I have also to thank the other heads of Departments for their full co-operation in dealing with the many aspects of health which impinged on their activities. To the Chairman and Members of Health Committee, as well as other Members of the Council, may I also say a big thank you for all their consideration and much appreciated support at all times.

I am, Ladies and Gentleman,

Your obedient servant,

E.D. COOPER,

M.D., F.R.C.P. (Glasg.), D.P.H. (Glasg.), F.R.S.H.

Professor of Public Hygiene, University of Cape Town.  
Medical Officer of Health.

City Health Department,  
Libertas,  
Hertzog Boulevard,  
CAPE TOWN.

August, 1966.

## OBITUARY

It is with deep regret that I have to record the sudden and unexpected death of Dr. John B. Porteous on the 12th February, 1965, at the Medical Superintendent's residence at the Brooklyn Chest Hospital.

Dr. Porteous was educated in Scotland and qualified M.B., Ch.B., at Edinburgh University in 1940. After serving as a House Physician in Edinburgh for six months, he joined the R.N.V.R. and was soon at sea serving in both the North Sea and the Mediterranean. In 1942 he was posted to Durban and to Wingfield in 1944, where he served until demobilisation in 1946.

Always interested in chest diseases he joined the Union Health Department's Tuberculosis Service and served in Durban for some time under Dr. Dormer. In 1953 he was appointed as the Deputy Medical Superintendent at Brooklyn Chest Hospital which he ran until his untimely death earlier this year.

Dr. Porteous was greatly liked and respected by both patients and staff, and did much to improve the general appearance of the Brooklyn Chest Hospital. If he had a fault it was possibly due to his inability to see anything bad in even the most obvious rascal.

He was a hard worker and never spared himself in the interests of his patients. At times, due to medical staff shortages, he was forced to carry more than his share of clinical duties at the hospital.

With all this pressure of work he never lost his love of the Navy and was a constant attendee at S.A.N.F. 's S.A.S. "Unitie", as well as taking his spell in sea-going operations with the South African Navy. He was no mean exponent at golf, with a beautifully built-in swing.

My own and the Department's deepest sympathy is extended to his wife and two children in their very sad and grievous loss.



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# MUNICIPALITY OF THE CITY OF CAPE TOWN

7

## LEADING STATISTICS, YEAR ENDED 31ST DECEMBER, 1965.

AREA :— 101.713 sq. miles						White	Non-White	All races
Total population	..	..	..	..	..	197670	396970	594640
Birth rate	..	..	..	..	..	17.4	39.2	32.0
Death rate	..	..	..	..	..	10.57	10.83	10.74
Infant mortality rate	..	..	..	..	..	19.4	78.5	67.8
Maternal mortality rate	..	..	..	..	..	0.29	1.44	1.24
Tuberculosis death rate	..	..	..	..	..	0.05	0.50	0.35
Enteric incidence rate	..	..	..	..	..	0.01	0.04	0.03
Enteric death rate	..	..	..	..	..	—		

All the above rates are annual and expressed as per 1,000 population of each class, except the infant and the maternal mortality rate, the former being expressed as per 1,000 live births occurring during the year (corrected) and the latter per 1,000 live and still births.

### RAINFALL.

Amount in inches	14.55	(Average 20.62)
No. of rainy days	93	(Average 101 )

### TEMPERATURE.

Maximum	102.0 F. (Average 59.9 F.)
Minimum	43.2 F.



# REPORT

## OF THE

# MEDICAL OFFICER OF HEALTH

FOR THE YEAR 1965

## SECTION I. NATURAL AND SOCIAL CONDITIONS.

### PHYSICAL GEOGRAPHY

Cape Town is situated at the northern end of the Cape Peninsula. The Peninsula lies off the west coast of the mainland of South Africa, extending from north to south a distance of about 33 miles and attaining a maximum width of about ten miles. Its average width east and west may be estimated at five miles. The northern half of its eastern side is connected with the mainland by a wide low-lying sandy isthmus, known as the Cape Flats, which separates Table Bay to the north-west from False Bay to the south-east. The narrowest part of the isthmus measures about twelve miles from sea to sea.

The backbone of the Peninsula is a mountain range which extends from Table Mountain (3,549 ft.) at its north end to Cape Point at the south. The land slopes from the mountains to the sea or, where the isthmus joins the Peninsula, to the Cape Flats. While much of the Peninsula area lies at heights of over 1,000 ft., most of the isthmus does not reach 100 ft., and a rise of sea level would convert the Peninsula into two islands nearly equal in area.

From the bottom of the slope below the face of Table Mountain there extends down to Table Bay a bed of alluvial deposits, on which a good deal of old Cape Town is built. At the shore of the Bay there is a considerable area of land that has been reclaimed from the sea as the result of the construction of the new harbour.

The City of Cape Town consists of a central portion which, before the City extension of 1913, constituted the whole Municipality and is sometimes known as Cape Town proper or central Cape Town (Wards 2–6), and a chain of suburbs on either hand. The central portion lies in the amphitheatre which, extending down to Table Bay towards the north-east, is backed on the other sides by the precipitous face of Table Mountain and on its outlying masses, Devil's Peak on the east and Lion's Head and Signal Hill on the west. It therefore lies between the mountain and the sea, and, unlike the centre of most cities, is not surrounded by its suburbs.

The suburbs extend beyond this amphitheatre on either hand. To the west, marine suburbs known as Green Point, Sea Point, Clifton, Camps Bay and Bakoven (Wards 1 and 2) lie along the Atlantic sea board for a distance of about six miles curving with the coast in a southerly direction. They are on the seaward slopes of Signal Hill and Lion's Head.

To the east the 'Southern Suburbs' (Wards 7–9 and 11–15) extend around Devil's Peak and are stretched for about sixteen miles along the road and suburban railway line which after rounding Devil's Peak pass along the eastern side of Table Mountain in a southerly direction to the shore of False Bay. Woodstock and Salt River (Wards 6 and 7), next to Cape Town proper, slope down to Table Bay, and at the other end Muizenberg, St. James and Kalk Bay (Ward 15) lie on the False Bay coast. The string of suburbs between, known successively as Observatory, Mowbray, Rosebank, Rondebosch, Newlands, Claremont, Kenilworth, Wynberg, Plumstead, Diep River, Heathfield, Retreat and Lakeside, lie on the eastern slopes of the Mountain range, and, to a greater extent, on the Cape Flats below this range.

The Municipality extends over the Cape Flats to a varying depth of up to 4½ miles and is today being extensively developed for industrial and residential purposes. Some of the largest non-White residential townships have within recent years been laid out in these areas and are served by the Cape Flats railway and the Nvanga link which form loops lying in a more easterly direction than the main suburban line.

There is an extension of the Municipality beyond Salt River in a north-easterly direction on the Flats bordering Table Bay. This (Ward 8) includes the suburbs of Maitland, Brooklyn, Rugby, Kensington and Windermere which, together with other townships lying outside the municipal area of the city and following the main road to the north, are known as the 'Northern Suburbs'.

### AREA

The area of the Municipality of Cape Town on 31st December, 1965, comprised 101.713 square miles. The length of the main road passing through the municipality from the boundary at Bakoven to that at Clovelly is about 26 miles.

### CLIMATE

Cape Town is situated Lat. 33° 55' S., Long. 18° 25' E.,. Its climate is largely determined by the fact that during the summer season the prevailing winds are south-easterly and in the winter north-westerly; and that the western shore of the Cape Peninsula is washed by a cold current from the Antarctic.

There is an average of nearly three thousand hours of bright sunshine per year, and the temperature is equable. The rainy season is in the winter, but occasional showers also occur in the summer months of December, January, February and March. Those areas of the municipality situated on the two seaboards are much frequented by holiday-makers from other parts of the country. To the attractions of the climate are added the the great natural beauties of the Peninsula and its hinterland.



From the point of view of public health Cape Town belongs to the temperate zone, and tropical diseases, except for imported cases, are entirely absent. The state of health and the mortality statistics of the White portion of the population are much the same as would be expected in a healthy European town.

### SOCIAL AND ECONOMIC CONDITIONS

Thirty-three per cent of the total population of the Municipality of Cape Town (including the Bantu Townships) of over 590,000 consists of White or 'Europeans'. The other 67 per cent is commonly designated as 'non-Whites', 78 per cent of these non-Whites are of the mixed race known as Cape Coloured, the remainder consists of Bantu and Indians.

The Cape Coloured are largely the descendants of the slaves of earlier days, whose emancipation was completed in 1835. Their ancestors of the eighteenth century and earlier were mainly Europeans, Hottentots, blacks from Mozambique, Madagascar and other parts of Africa, and East Indians from the Dutch East Indies. In more recent years they have received additions from White, Bantu and other stocks.

There is one section of the Cape Coloured, Moslem in religion, known as 'Malays' who are more immediately descended from the Dutch East Indians. Though they possess a larger infusion of this strain, they are much mixed with the other elements present in the Cape Coloured generally.

The social and economic conditions of the Cape Coloured are on the whole unsatisfactory. A section of them are skilled tradesmen and earn good wages but the majority are unskilled labourers and many of the men earn less than R10 a week when in full employment. The position is aggravated by the large size of their families, but the family income may be augmented where possible by earnings brought in by the wife and children. The measures taken for the prevention and relief of distress are inadequate, and there is no compulsory insurance against sickness. There is much malnutrition, and housing accommodation is expensive and poor. The social and cultural level is low but is showing signs of steady improvement. The principle of compulsory education does not apply to non-Whites.

There is a lack of discipline in adolescents and a serious problem caused by Coloured delinquency. The illegitimacy rate is high and venereal disease is rife. The social contrast between Whites and Cape Coloured can be expressed by the statement that whereas in the Whites it is only a small minority that belong to the depressed classes, in the Coloured it is the majority. The same contrast is seen in housing conditions; it is a small minority of Whites who live in slum conditions, but a majority of the Coloured.

The Bantu constitute only 20 per cent of the non-Whites. They live in the municipal Bantu townships, of Langa and Guguletu, or if in domestic service, in their employers' houses. Many of the Bantu are men from the Native territories who still retain their link with the territories and commonly return there eventually; but there is an increasing population of detribalised Bantu who are permanently resident in Cape Town and live here with their families. Their social and economic conditions are on the whole worse than those of Coloured people.

The Indians are 7,000 in number. They are nearly all traders, and are better off than the Cape Coloured. Some of them are making good progress in business and becoming well-to-do.

There are parts of the city where the inhabitants are mainly non-White, and other parts that are exclusively occupied by Whites and their non-White servants. The various sections of the community, however, are to a great extent inter-mingled, and there is nothing approaching complete segregation of the races. The State Department of Community Development has commenced to unscramble the present hotchpotch of White and non-White residential areas. This activity is placing additional strains on the local authority's attempts to reduce overcrowding and clear the many slums in the city area, as the requirement by this State Department for new sub-economic homes, although varying from scheme to scheme, has amounted to as much as 50 per cent. The geographical disposition of White and Coloured is very much the same as that of well-to-do and poor in a European town. In the operations under the Housing Act the estates for Whites are separate from those for non-Whites and this will contribute to progressive residential separation. The provision of a Bantu township has the same effect.

Striking contrasts are presented by the vital statistics of the different races, which will be found in the next section of this report.

### WATER SUPPLY

The following are the main sources of supply :—

Wemmershoek Dam	...	...	...	12,900 million gallons
Steenbras Dam	...	...	...	7,543 million gallons
5 Reservoirs on Table Mountain	...	...	...	522 million gallons

During 1965 the daily consumption varied between a maximum of 78.6 million gallons during the summer and a minimum of 28.8 million gallons during the winter. The average daily consumption during the year was 48.9 million gallons.

Fourteen other independent local authorities obtain their supplies of water from the Cape Town undertaking.

### DRAINAGE

Practically the entire built-up area of the municipality is provided with water-borne sanitation.

The principal sewage treatment plant is located at Athlone with a dry weather flow of 18 million gallons per day. The Athlone plant is now completely surrounded by residential areas and is only 5 miles from the centre of the city.

At the Wynberg-Muizenberg sewage works the sewage from Wynberg to Clovelly, amounting to four million gallons per day, is treated in recirculated oxidation ponds. Good progress has been made in the extension of this scheme to accommodate sewage from Guguletu, Nyanga and the developing areas of the Cape Flats. The ultimate capacity of the Cape Flats scheme incorporating Wynberg-Muizenberg will be 27 million gallons per day and treatment would be based on photosynthetic oxidation in recirculated ponds.

## MARKETS

The new Wholesale and Early Morning Market at Epping built at a cost of over R2,000,000, was opened on 3rd July, 1961. Designed specifically to meet the particular needs of Cape Town, the main hall is believed to be the biggest structure of its kind in Southern Africa. Ancillary buildings consisting of a three-platform railway terminal, administrative block, special auction block for graded and standardised products, loading platforms for 348 lorries, and minor facilities such as restaurant, rest rooms, etc. have also been built, and each one of these sections has been designed for extension when the need arises.

## ABATTOIRS

There is no change in conditions at the Municipal Abattoir which still remains extremely congested. Building of the new R3,350,000 abattoir started in September, 1963, and is progressing satisfactorily. The new abattoir will be completed in July, 1966, and when brought into commission will be able to handle meat in as hygienic a manner as anywhere in the world.

## MUNICIPAL WARDS

The following is a guide to the municipal wards as re-delimited in November, 1960. Unfortunately the Census of 1960 was not conducted according to this new delimitation of the wards, so that density and ward populations will not be known for some time to come.

Ward	1	Camps Bay, Clifton, Fresnaye, portion of Sea Point.
Ward	2	Portion of Sea Point, Three Anchor Bay, Green Point.
Ward	3.	Harbour and adjoining lower central area.
Ward	4	Tamboers Kleof, Oranjezicht
Ward	5.	Gardens, Vredehoek, Zonnebloem.
Ward	6.	Lower Woodstock, Salt River.
Ward	7.	Portion of upper Salt River, Observatory, Mowbray.
Ward	8.	Brooklyn, Kensington, Maitland, Langa, Epping Industrial.
Ward	9.	East Claremont, Wyndover, Belvedere, portion of Crawford.
Ward	10.	Athlone, lower Lansdowne, Guguletu Township.
Ward	11.	Rondebosch.
Ward	12.	Newlands, Claremont.
Ward	13.	Kenilworth, Wynberg.
Ward	14.	Wittebome, Plumstead, Southfield.
Ward	15.	Diep River to Clovelly.

## SECTION II. – VITAL STATISTICS.

The vital statistics in this report refer to the Municipality of Cape Town and are for the calendar year 1965. Births and deaths are attributed to date of registration.

The custom of previous reports in giving separate statistics for Bantu Townships has been abandoned in favour of grouping all Bantu as a group for statistical purposes.

The birth and death statistics are shown variously as :—

‘Crude or uncorrected’, including all births and deaths registered during the year as having occurred in the Municipality of Cape Town.

‘Corrected for outward transfers’, which is the foregoing after deduction of deaths in Cape Town of persons who were not Cape Town residents, and births in Cape Town to mothers who were not Cape Town residents.

‘Corrected’, which is the foregoing after the addition of locally registered births and deaths of Cape Town residents occurring outside the municipal area.

Information as to births and deaths, including inward and outward transfers, is extracted from the records, and by courtesy of the local Registrar of Births and Deaths.

In the Table on page 96 of this report the record of vital statistical rates is set out for a series of years.

Rounding: Figures are rounded off independently of one another and, therefore, may not add to totals.



## POPULATION

The estimated population of the Municipality of Cape Town for the year under review and the previous year is shown in the following table. Except in the case of the Bantu, it is calculated for the middle of the period (30th June) from the final figures of the Census of 1960 and 1951.

Changing conditions relating to the presence of Bantu in the city have rendered preferable the use of the tally of the Bantu population known to the Bantu Administration of the Council, as being more factual than calculations based on the Census findings.

Race	1965			1964		
	Male	Females	Persons	Males	Females	Persons
White ... ..	93590	104080	197670	93220	103660	196880
Coloured ... ..	146200	164710	310910	142290	160310	302600
Bantu ... ..	48980	29620	78600	42890	30650	73540
Asiatic ... ..	4090	3370	7460	4060	3350	7410
Non-White ... ..	199270	197700	396970	189240	194310	383550
All Races ... ..	292860	301780	594640	282460	297970	580430

The following is the population of the two Bantu Townships, included in previous table, based on an enumeration made at the end of June 1965, by the Township authorities.

	Males	Females	Persons
Langa ... ..	26080	6880	32960
Guguletu ... ..	15500	16520	32020

## HEALTH INDICATORS

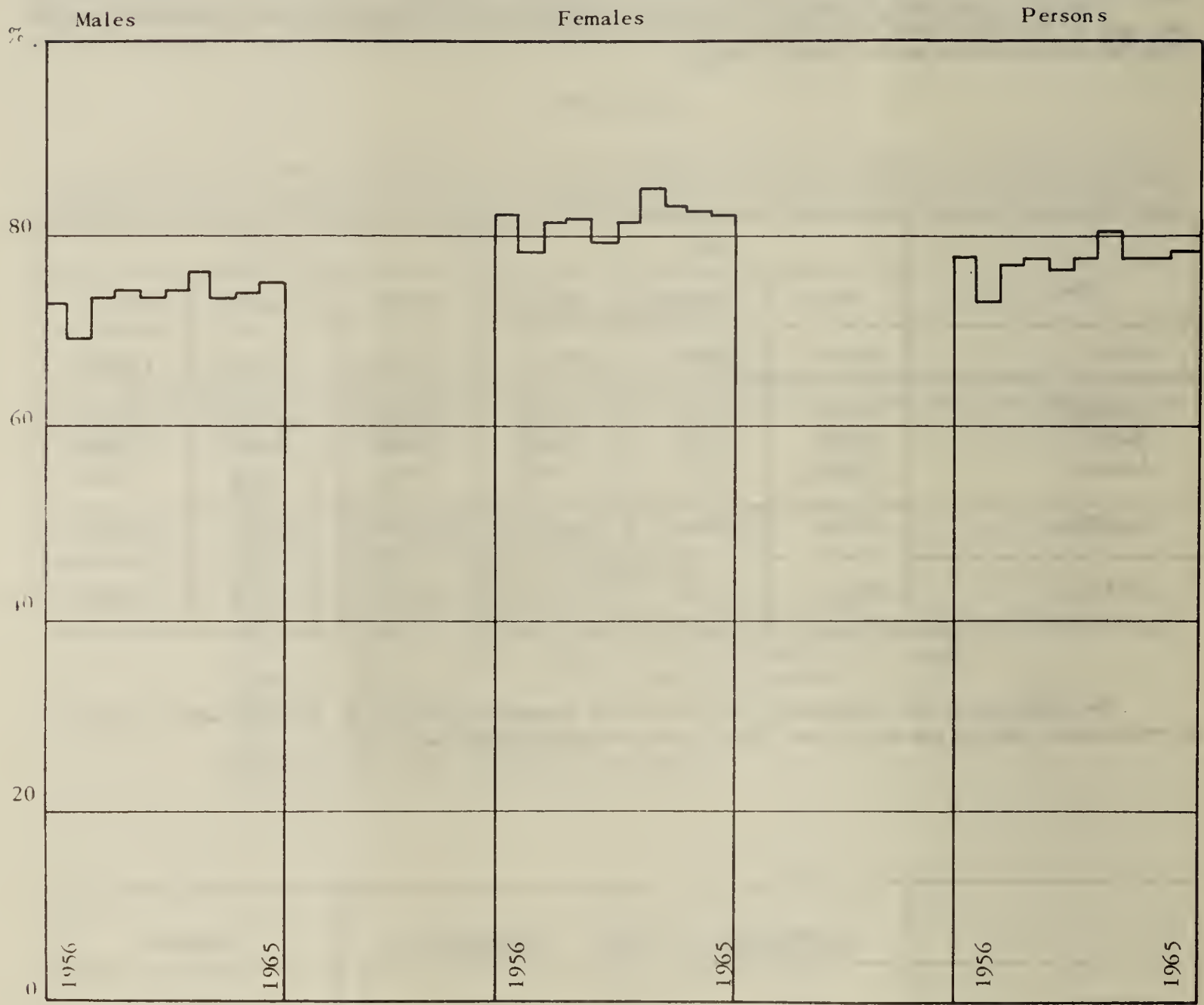
These tables indicate that the percentage of deaths occurring at age 55 and over in both racial groups of the population show, over the past ten years, a steady rise. These trends can be accepted as a satisfactory indication that the general environmental and health services are having the desired effect. More persons are attaining the age of 55 years than formerly, and, generally speaking, it is the female who enjoys the longer span of life.

The mounting percentage of deaths occurring in the higher age groups is more evident among non-White where the increase over the 10-year period was 8 per cent compared with 2 per cent for Whites. Notwithstanding the apparent great increase in the non-White group, the low percentage of deaths still occurring in the over 55 year group should be noted.

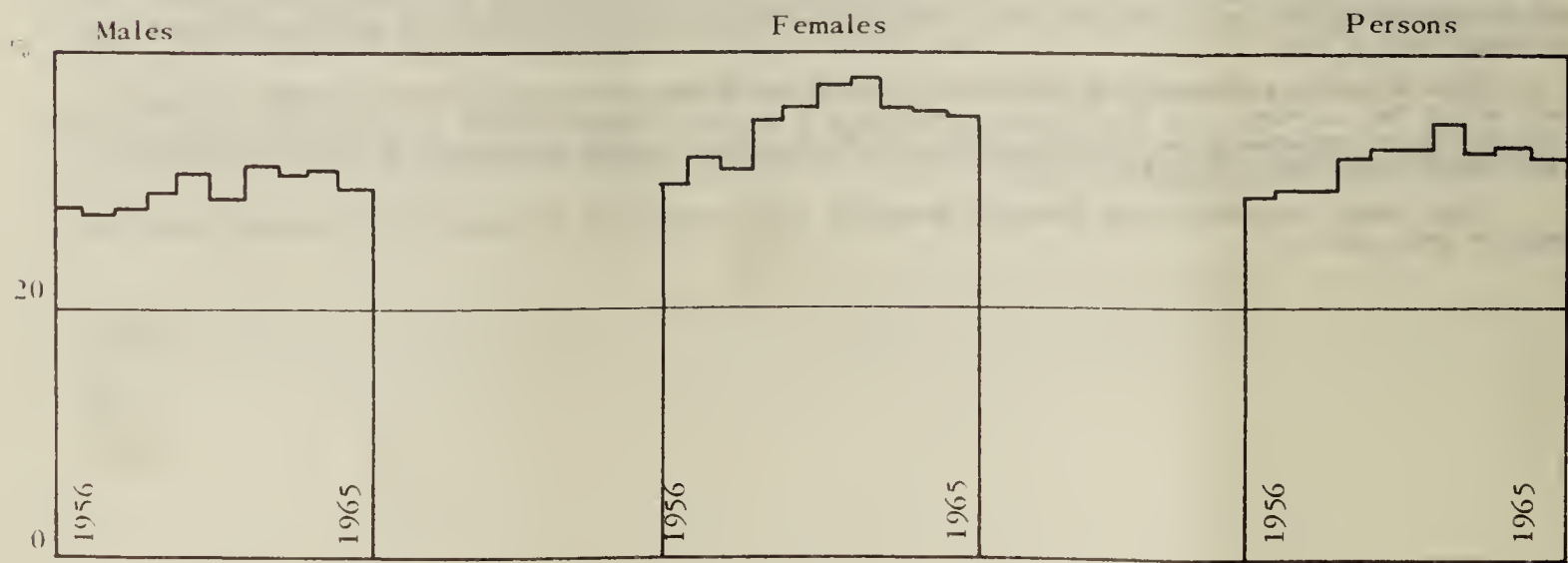
The tables relating to the infantile mortality rate reveal how the rates have declined in all age groups in both races.

HEALTH INDICATORS

Percentage of deaths, age 55 years and over

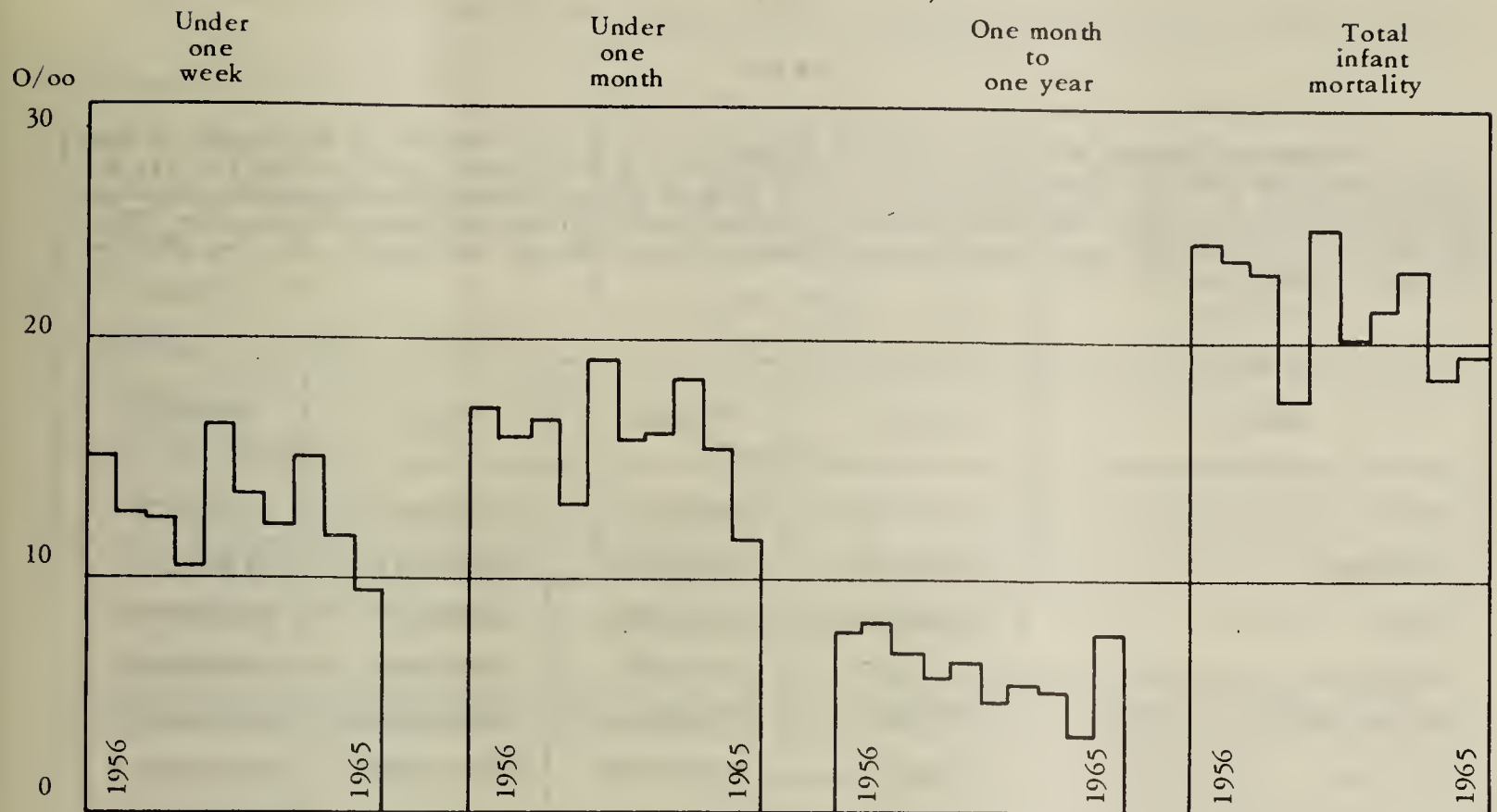


(a) Whites.



(b) non-Whites.

INFANT MORTALITY RATES PER 1,000 LIVE BIRTHS



(b) non-Whites.



## BIRTHS

The corrected number of births registered during the year was as follows. As the number of birth notifications made under the Regulations re Early Notification of Births (made under section 133 (1) of the Public Health Act, No. 36 of 1919) directly to the Medical Officer of Health by institutions, midwives and others do not correspond with the number of registered births (Births and Deaths Registration Office, Department of the Interior), these more accurate figures of births for the municipality are also given in brackets for comparison.

Race	Males	Females	Total	Birth Rate
White ... ..	1738 (1702)	1706 (1702)	3444 (3404)	17.4 (17.2)
Coloured ... ..	6556 (7158)	6454 (6973)	13010 (14131)	41.8 (45.5)
Bantu ... ..	1168 (1580)	1141 (1591)	2309 (3171)	29.4 (40.3)
Asiatic ... ..	111 (113)	134 (129)	245 (242)	32.8 (32.4)
All non-White ... ..	7835 (8851)	7729 (8693)	15564 (17544)	39.2 (44.2)
All races ... ..	9573 (10553)	9435 (10395)	19008 (20948)	32.0 (35.2)

Although more registered births were recorded than in the previous year, the position was falsified by a backlog in the registration of a large number of Bantu births, which had for official reasons been postponed, being brought up to date during the year.

Notified births however, decreased in all race groups except the Bantu where there was a small increase. The record of notified births by race is not of sufficiently long duration to indicate the trend in birth rates, but in a growing community such as Cape Town the drop in the number of notified births in the White and Coloured groups is surprising. In addition to the figures given above, a further 3,731 (3,388) births to non-residents occurred.

The following table shows the variation in the number of births and birth rates per 1,000 population for the Municipality of Cape Town over a period of five years.

Race	1965		1964		1963		1962		1961	
	Live births	Birth rate	Live births	Birth rate	Live births	Birth rate	Live births	Birth rate	Live births	Birth rate
White ...	3444	17.4	3701	18.7	3616	18.4	3734	19.1	3689	19.0
Coloured ...	13010	41.8	12649	41.7	12076	41.0	11942	42.5	11666	42.7
Bantu ...	2309	29.4	1581	21.4	1305	17.8	1274	18.7	1527	23.0
Asiatic ...	245	32.8	267	35.9	256	34.8	245	33.5	257	35.4
Non-White	15564	39.2	14497	37.7	13637	36.3	13461	37.8	13450	38.8
All races *	19008	32.0	18198	31.3	17255	30.2	17200	31.2	17144	31.7

\* Including those of unknown race.

Illegitimate live births during the year were as follows, with direct notification figures again in brackets.

Race	Number	Percentage of total live births
White ... ..	159 (193)	4.6 (5.7)
Coloured ... ..	3434 (3966)	26.4 (28.1)
Bantu ... ..	763 (1138)	33.0 (35.9)
Asiatic ... ..	3 ( 7 )	1.2 (2.9)
All non-White ... ..	4200 (5111)	27.0 (29.1)
All races ... ..	4359 (5304)	22.9 (25.3)

A further 980 (926) illegitimate live births to non-residents occurred.

Illegitimacy among Whites fluctuates slightly from year to year, but among non-Whites the percentage of illegitimacy has risen appreciably during the past three years from 24.2 per cent to 27.0 per cent in the case of registered births, and from 27.0 per cent to 29.1 per cent in the case of notified births.

In the case of 235 pairs of twin births which were registered, the details are as follows:-

Race	No. of pairs	Children					
		Both males		Both females		Mixed	
		Legit	Illegit.	Legit	Illegit	Legit.	Illegit.
White ...	51	12	—	15	—	23	1
Non-White	184	49	13	55	14	40	13
Total ...	235	61	13	70	14	63	14

There was one set of non-White illegitimate mixed triplets.

Multiple birth incidents among births notified direct to the department were not recorded.

STILL BIRTHS

Race	Number	Still birth rate
White ... ..	44 (41)	12.6 (11.9)
Coloured ... ..	307 (301)	23.1 (20.9)
Bantu ... ..	45 (100)	19.1 (30.6)
Asiatic ... ..	(6)	(24.2)
All non-White ... ..	352 (407)	22.1 (22.7)
All races ... ..	396 (448)	20.4 (20.9)

The total number of still births registered fell from 478 in the previous year to 396 during the present year. A further 105 (102) still births occurred to non-residents.



BIRTHS IN INSTITUTIONS

Live and still births

Race	Number	Percentage of total matemities
White ... ..	3293 (3243)	94 (94)
Coloured ... ..	7165 (7124)	54 (49)
Bantu ... ..	2121 (1904)	90 (58)
Asiatic ... ..	99 (76)	40 (31)
All non-White ... ..	9385 (9104)	59 (51)
All races ... ..	12678 (12347)	65 (56)

The backlog of Bantu birth registrations referred to on a previous page, due in the main to institutional confinements, has upset the balance of the above table. The figures in brackets are birth notifications and provide the more accurate picture.

Table G on page 91 will show the registered births and still births for the year classified in wards as to race, sex, legitimacy and the percentage of total births occurring in institutions.

In Table H on page 92 the number of births which took place in the various institutions in the municipality is listed.

The Annual birth rates since Unification (1913) are set out in years and quinquennia in Table L on page 96 .

In Table M on page 97 the birth rates of certain other towns in the Republic and for England and Wales are set out for comparison.

GENERAL MORTALITY

The deaths and death rates per 1,000 population are shown in the following table:-

Race	Crude Total		Outward Transfers		Inward Transfers		Corrected Deaths	Death rate	Death rate 1964
	M.	F.	M.	F.	M.	F.			
White ... ..	1375	1152	326	208	51	45	2089	10.57	10.83
Coloured ... ..	2190	1790	406	345	64	48	3341	10.75	10.45
Bantu ... ..	649	360	126	78	50	41	896	11.40	10.75
Asiatic ... ..	47	20	4	—	—	—	63	8.45	6.19
Non-White ... ..	2886	2170	536	423	114	89	4300	10.83	10.42
All races ... ..	4261	3322	862	631	165	134	6389	10.74	10.56

The death rate for Whites decreased by 2.4 per cent compared with the previous year, due to fewer deaths from vascular lesions, accidents other than road fatalities, and bacterial heart diseases not rheumatic. The number of deaths in the year under review is still above the average for the past five years.

Among non-Whites, the death rate increased by 3.9 per cent with variations in the number of deaths from diseases of early infancy, degenerative heart diseases, asthma and measles (increases), and senility and bacterial heart diseases not rheumatic (decreases), in that order. It should be remembered that, in the main, non-Whites die at younger ages than Whites, that the causes of death in this group are much more varied, and that annual variations in causes of death are as a result not so significant. The increase in deaths from diseases of early infancy is rather surprising and quite unexpected, and for the year under review takes second place as a cause of death in the non-White group.



Table L on page 96 sets out the annual death rates in years and quinquennia since Unification in 1913. For the purpose of comparison the death rates for certain other towns in the Republic and for England and Wales are set out in Table M on page 97.

Deaths registered as belonging to the Bantu Townships are included in the foregoing figures. Particulars regarding these will be found in Table A on page 83.

PRINCIPAL CAUSES OF MORTALITY

Among Whites, deaths from cardiovascular diseases have declined annually from peak of 795 in 1960, while malignancy shows a small steady annual increase over the past three years. The slight annual decline in arterial deaths, which was halted in 1964, has been resumed. These decreases are cancelled out by the greater number of deaths ascribed to senility. Apart from these, only minor fluctuation among the remaining causes of White deaths occurred.

Among non-Whites, the causes of death are much more varied. The chief points to be noted in the list which follows are that cardiovascular disease is firmly ensconced at the head, as is the case with Whites, followed by the diseases of early infancy and the meteoric rise of deaths from accidents and violence. The diarrhoeal deaths which at one time headed the list take only fourth place. It is reasonable to anticipate that the decline in deaths from diarrhoea will be resumed after the slight increase in the year under review. There can be no let-up in the war against bad housing, poor socio-economic conditions and malnutrition, so as to equate the causes of death in the White and non-White groups.

Int. Code No.	White			Int. Code No.	Non-White		
	Cause of Death	Deaths	Death rate		Cause of Death	Deaths	Death rate
410-416 420-422 430-434 440-443 140-205	Cardiovascular diseases (including hypertension with heart disease)	627	3.17	410-416 420-422 430-434 440-443 760-762 765-776	Cardiovascular diseases (including hypertension with heart disease)	607	1.53
794	Malignant neoplasms (including neoplasms of lymphatic and haematopoietic tissues)	359	1.82	E800-E999	Certain diseases of early infancy (excluding pneumonia and diarrhoea of the newborn)	455	1.15
330-334 450-456	Senility without mention of psychosis	302	1.53	571,764	Accidents, poisonings and violence (external cause)	432	1.09
E800-E999	Arterial diseases (including vascular lesions affecting central nervous system)	281	1.42	330-334 450-456	Diarrhoea & enteritis (including diarrhoea of the newborn)	425	1.07
490-493 500-502 763	Accidents, poisonings and violence (external cause)	119	0.60	140-205	Arterial diseases (including vascular lesions affecting central nervous system)	419	1.06
760-762 765-776	Bronchitis & pneumonia (including pneumonia of the newborn)	66	0.33	490-493 500-502 763	Malignant neoplasms (including neoplasms of lymphatic & haematopoietic tissues)	333	0.84
580-583	Diseases peculiar to early infancy (excluding pneumonia & diarrhoea of the newborn)	34	0.17	001-019	Bronchitis and pneumonia (including pneumonia of the newborn)	319	0.80
750-759	Diseases of the Liver	27	0.14	794	Tuberculosis (all forms)	198	0.50
260	Congenital malformations	24	0.12	750-759	Senility without mention of psychosis	127	0.32
	Diabetes	20	0.10		Congenital malformations	81	0.20

The deaths listed above account for 82 per cent of all deaths.

Further details of the deaths for the year 1965 will be found in Table A to C, pages 83 to 85 and in Table D, on pages 86-87 the rates of mortality of a short list of causes are shown by race with the corresponding figure for the previous ten years.

The contrast between the races is largely due to two factors, viz. (1) the prominence in non-Whites

of deaths from causes associated with bad social and economic conditions, and (2) the difference in the age constitution of the two populations. Thus tuberculosis, diarrhoea and enteritis, bronchitis and pneumonia, which are fostered by bad living conditions and malnutrition, result in a greater mortality in the non-White groups. As regards the age factor, bronchitis and pneumonia, diarrhoea and enteritis, measles, whooping cough and the conditions in the 'congenital' category, chiefly affect young children, and the large corresponding death rates in non-Whites are in part due not only to the fact that there is a greater proportion of young children in the non-White group but also to the lower nutritional status of this group. (The figures for infant mortality in Table K on page 94 afford a comparison between the races free from the distortion caused by difference in age constitution). Similarly cancer, circulatory diseases and diabetes occur especially in middle and old age and the prominence of the mortality rates from these diseases in Whites is mainly due to the larger proportion of people of such age in the White population. In other words a larger proportion of non-Whites die before reaching the age when they are most liable to develop such diseases (see table, Age at Death, below).

SEASONAL VARIATION

The seasonal variation in mortality is shown in the table below and in Table C. on page 85 where the deaths for the year are classified for specific causes.

			1960	1961	1962	1963	1964	Mean 5 years	1965
January	...	...	379	478	449	512	540	472	518
February	...	...	407	381	375	410	467	408	491
March	...	...	451	387	404	433	362	407	525
April	...	...	413	399	368	376	499	411	416
May	...	...	445	416	418	452	507	447	500
June	...	...	488	490	472	462	507	484	631
July	...	...	451	529	547	504	575	521	570
August	...	...	494	520	487	622	516	528	479
September	...	...	405	394	405	554	520	456	551
October	...	...	401	433	404	477	431	429	471
November	...	...	450	409	350	419	437	413	454
December	...	...	392	313	328	376	491	380	484
Total	...	...	5176	5149	5007	5597	5852	5356	6090
Mean	...	...	431	429	417	466	488	446	508
Per 1000 population			10.3	10.3	9.9	9.8	10.1	9.9	10.24

Corrected for outward transfers only.

AGE AT DEATH

The number of deaths at various ages, with the percentage of total deaths, is summarized in the following table:—

		Age groups											
		0-1		1-4		5-24		25-64		65 and over		Total	
		M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Deaths	White	51	16	9	5	42	15	414	285	584	668	1100	989
	Coloured	501	399	151	124	132	56	770	506	294	408	1848	1493
	Bantu	152	155	50	43	34	20	300	91	37	14	573	323
	Asiatic	5	9	2	—	—	2	22	4	14	5	43	20
	Non-White	658	563	203	167	166	78	1092	601	345	427	2464	1836
All races		709	579	212	172	208	93	1506	886	929	1095	3564	2825
Percent- age	White	4.6	1.6	0.8	0.5	3.8	1.5	37.6	28.8	53.1	67.5	100	100
	Coloured	27.1	26.7	8.2	8.3	7.1	3.8	41.7	33.9	15.9	27.3	100	100
	Bantu	26.5	48.0	8.7	13.3	5.9	6.2	52.4	28.2	6.5	4.3	100	100
	Asiatic	11.6	45.0	4.7	—	—	10.0	51.2	20.0	32.5	25.0	100	100
	Non-White	26.7	30.7	8.2	9.1	6.7	4.2	44.3	32.7	14.0	23.3	100	100
All races		19.9	20.5	5.9	6.1	5.8	3.3	42.3	31.4	26.1	38.8	100	100

In the non-White group 28.4 per cent of all deaths occur under the age of one year as compared with 3.2 per cent in the White group.



Deaths under five years of age constitute 3.9 per cent of all deaths in Whites as compared with 37.0 per cent in non-Whites (Coloured 35.2, Bantu 44.6, Asiatic 25.4 respectively). The non-White figure rose from 36.0 per cent in the previous year.

Deaths under 25 years of age constitute 5.9 per cent of all deaths in Whites compared with 6.3 per cent in the previous year, while among non-Whites 42.7 per cent of all deaths occurred under 25 years of age, an increase from 41.3 per cent recorded in the previous year.

The following table shows the percentage of deaths in age-groups at intervals during the past years:—

Year	White									
	0-1		1-		5-2		25-6		65 +	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
1915	23	24								
1925	16	13	4	7	8	8	45	40	27	32
1935	6	9	4	3	7	9	42	37	41	41
1945	7	7	2	2	4	5	40	35	47	51
1955	5	3	1	1	2	1	36	29	56	66
1960	5	3	1	1	2	2	39	29	53	65
1964	3	4	0	1	3	2	43	26	51	68
1965	5	2	1	1	4	2	38	29	53	67
Non-White										
1915	39	36								
1925	34	33	16	19	10	14	33	26	6	8
1935	27	28	21	21	10	13	33	28	9	10
1945	26	24	15	19	10	15	39	30	10	12
1955	32	33	14	16	6	5	33	26	15	20
1960	31	31	10	10	6	5	37	29	17	26
1965	27	31	8	9	7	4	44	33	14	23

The deaths and death rates per 1,000 population are shown in the accompanying table according to sex:—

Race	Crude		Corrected					
			Deaths		Rate 1965		Rate 1964	
	M.	F.	M.	F.	M.	F.	M.	F.
White	1375	1152	1100	989	11.8	9.5	11.9	9.9
Coloured	2190	1790	1848	1493	12.6	9.1	11.8	10.3
Bantu	649	360	573	323	11.7	10.9	11.5	9.7
Asiatic	47	20	43	20	10.5	5.9	8.8	3.0
Non-White	2886	2170	2464	1836	12.4	9.3	11.7	9.2
All races	4261	3322	3564	2825	12.2	9.4	11.8	9.4

#### DEATH RATES

The following table shows the variation in the number of deaths and death rates per 1,000 population for the Municipality of Cape Town over a period of five years. Figures for the Bantu Townships have been included.

Race	1965		1964		1963		1962		1961	
	Deaths	Death rate	Deaths	Death rate	Deaths	Death rate	Deaths	Death rate	Deaths	Death rate
White	2089	10.57	2138	10.83	2027	10.34	2058	10.54	1986	10.21
Coloured	3341	10.75	3170	10.45	3128	10.62	2862	10.19	2982	10.91
Bantu	896	11.40	793	10.75	705	9.59	709	10.42	716	10.78
Asiatic	63	8.45	46	6.19	50	6.79	49	6.70	57	7.85
Non-White	4300	10.83	4009	10.42	3883	10.34	3620	10.16	3755	10.82
All races *	6389	10.74	6147	10.56	5913	10.35	5683	10.31	5746	10.61

\* Including those of unknown race.

DEATHS IN INSTITUTIONS

The number of deaths occurring in institutions and the percentage of total deaths are shown in the following table :—

Race	Crude		Corrected for Outward Transfers	
	Deaths in institutions	Percentage of total deaths	Deaths in institutions	Percentage of total deaths
White ... ..	1431	57	962	46
Coloured ... ..	1976	50	1272	38
Bantu ... ..	587	58	399	45
Asiatic ... ..	23	34	20	32
Non-White ... ..	2586	51	1691	39
All races ... ..	4017	53	2653	42

There are 40 recognised general hospitals and private nursing homes in the municipality.

HOME ACCIDENTS

The following list of deaths in Cape Town from accidents in the home (79) has been compiled from death certificates where mention is made of an accident being either the main or a contributing cause of death:—

Cause	Sex	Age Groups									
		0 – 4		5 – 14		15 – 24		25 – 64		65 +	
		E.	O.	E.	O.	E.	O.	E.	O.	E.	O.
Burns	M.		8		1			1	10	1	
	F.		6		3		1		2		
Falls	M.						1	1	4	1	1
	F.							1		11	7
Suffocation	M.	1	3		1						
	F.	1	1								
Poisoning by drugs	M.		1								
Carbon Monoxide Poisoning	F.				1				3		
Drowning	M.								3		1
	F.										
Trauma	M.		1								
	F.										
Electrocution	M.										
	F.										
Firearms	M.							2			
	F.										
Total	M.	1	13		3		1	4	17	2	2
	F.	1	7		3		1	1	5	11	7

The above figures represent a 12 per cent decrease on the previous year, confined mainly to falls among elderly Whites.



DEATHS BY OCCUPATION

Deaths at certain ages are classified here as to occupation at time of death.

Occupation	Sex	Age Groups								Out of City	
		15-24		25-44		45-64		65 +			
		W.	O.	W.	O.	W.	O.	W.	O.	W.	O.
Agriculture	M.					1		2		29	3
	F.										
Clerical	M.	5	1	15	7	37	14	7		16	1
	F.	1		2		9		5		2	
Domestic	M.				1				1		
Servant	F.		6		18		20		1		17
Fishing and	M.				10	4	7			6	7
Marine	F.										
Invalid	M.	1	7	1	2	5	11	2	5		8
	F.		3	7	2	5	2	2	5	1	3
Labourer	M.		52		268	3	254	3	45	2	156
	F.										
Managerial	M.			2		29	2	20		14	
	F.					1		1			
Commercial	M.			1	5	9	2	18	5	10	3
	F.					1					
Professional	M.			5	1	18		8	1	11	
	F.			2		4				2	
Police and	M.	5		2	2	4	2			8	1
Military	F.										
Salesman	M.	1	1	6	9	23	7	10	3	5	2
	F.			2	1	2					
Scholar	M.	7	8		1					7	3
	F.	2	5							2	1
Teacher	M.				2	1	4	2			3
	F.				1	1					2
Tradesman	M.	7	7	21	29	64	100	16	10	39	15
	F.										
Transport	M.	2	3	8	25	17	26	2	4	22	5
	F.										
Other Workers	M.		6	2	13	20	44	7	8	6	6
	F.	2	8	4	16	7	11		2	1	2
Housewives	M.										
	F.	2	21	35	156	159	247	323	74	118	97
Retired etc.	M.		5	5	28	93	143	459	255	114	44
	F.			1	8	28	74	307	331	56	27
Total	M.	28	90	68	403	328	616	556	337	289	257
	F.	7	43	53	202	217	354	638	413	182	149

Corrected for outward transfers only.

SUICIDE

The suicide rate per 1,000 population has been almost constant for the period 1961-65. During this period 3.3 times as many males as females committed suicide, the non-White proportion being much higher than in the case of Whites. Nearly half of these events occurred among persons in the prime of life, i.e. age-groups 25 to 44 years.

Deaths by suicide. Number.

Year	White		Non-White		Total		Persons	Rate per 1,000
	Male	Female	Male	Female	Male	Female		
1961 ...	20	7	9	3	29	10	39	0.07
1962 ...	24	7	14	—	38	7	45	0.08
1963 ...	21	4	15	5	36	9	45	0.08
1964 ...	25	7	11	3	36	10	46	0.08
1965 ...	16	11	9	2	25	13	38	0.06

Death by suicide. Age group.

Year Year	10-14		15-24		25-44		45-64		65 +		Total
	W.	Non-W	W.	Non-W.	W.	Non-W.	W.	Non-W	W.	Non-W.	
1961 ...	—	—	4	3	10	8	11	1	2	—	39
1962 ...	1	—	2	3	9	8	18	2	2	—	45
1963 ...	—	—	2	4	12	12	9	4	2	—	45
1964 ...	—	—	4	1	13	9	11	4	4	—	46
1965 ...	—	—	4	2	11	6	10	3	2	—	38

Deaths by suicide. Mode.

	1961	1962	1963	1964	1965
Drug Poisoning ...	20	23	15	12	9
Hanging ...	6	8	9	9	8
Firearms ...	6	9	8	11	12
Carbon monoxide poisoning	3	4	6	6	4
Falls ...	3	—	4	2	—
Railway ...	—	1	2	3	2
Drowning ...	—	—	1	1	2
Wounds ...	1	—	—	2	—
Burns ...	—	—	—	—	1

ACCIDENTAL DEATHS

The table below sets out the causes of accidental deaths over a series of years. These figures represent the minimum of deaths from unnatural causes, as inquest findings do not always establish the cause of death.

	1965	1964	1963	1962	1961
Railway ...	21	22	9	5	8
Road traffic ...	205	186	135	114	135
Poisoning ...	13	15	6	9	14
Falls ...	23	40	31	37	25
Drowning ...	21	23	21	21	23
Asphyxia ...	8	8	2	6	9
Burns ...	32	24	29	14	17
Trauma ...	14	10	9	8	4
Firearms ...	2	1	—	2	2
Electrocution ...	2	2	—	3	—
Miscellaneous ...	10	21	5	3	6
Total ...	351	352	247	222	243

The increase in deaths from traffic accidents over the past five years is most significant. Notwithstanding our excellently engineered highways and the propaganda regarding "keeping death off the roads" by various safety organisations and others, the steady increase in road traffic accidents as a cause of death is most disturbing. This number of deaths caused by an infectious disease would result in a public outcry. Road traffic accidents are the concern of every one of us, be we pedestrians or motorists.



INFANT MORTALITY

The deaths of infants under one year of age and the corresponding rates per 1,000 live births registered during the year 1965 are shown in the following table:—

Race	Crude		Outward Transfers		Inward Transfers		Corrected infant deaths	Infant mortality rate	Rate 1964
	M.	F.	M.	F.	M.	F.			
White ... ..	79	31	28	15	—	—	67	19.4 <sup>1</sup>	18.9
Coloured ... ..	641	540	150	145	10	4	900	69.2	65.1
Bantu ... ..	188	174	43	35	7	16	307	133.0	185.3
Asiatic ... ..	5	9	—	—	—	—	14	57.1	30.0
Non-White ... ..	834	723	193	180	17	20	1221	78.5	77.6
All races... ..	913	754	221	195	17	20	1288	67.8	65.7

Infant Mortality Rates.

The infant mortality rate is of special significance because it is regarded as one of the most sensitive indexes of health conditions of the general population. The correct computation of this rate is therefore important. Errors in the rate arise from under-registration of births, and it is difficult to understand the apathy of State authorities concerned when confronted with the fact that, annually, 2,000 more births are known to this department than are registered.

In fairness to this city and to those engaged in research and statistical projects, it has been decided to supplement the conventional figures with those derived from a second equally authoritative source (Early Notification of Births Regulation) and yielding results considered by this department to be as accurate as it is possible for such rates to be.

Race	Infant deaths	Rate per 1,000 live births, based on	
		Registrations	Notifications
White ... ..	67	19.4	19.7
Coloured ... ..	900	69.2	63.7
Bantu ... ..	307	133.0	96.8
Asiatic ... ..	14	57.1	57.9
All non-White ... ..	1221	78.5	69.6
All races ... ..	1288	67.8	61.5

The number of infant deaths increased by 10 per cent compared with the previous year and was above the average for the previous five years.

Among Whites there was a small decline in the number of infant deaths, but owing to the sharp drop in births, the infant mortality rate is higher than in the previous year. There was no prominent fluctuation in individual causes of death.

In the non-White group there were increased infant deaths from enteritis, nutritional maladjustment and measles.

The infant mortality figures for 1965 represent a setback in the struggle to reduce these significant figures. Hospital and clinic facilities are no substitute for good, clean healthy home conditions, and optimal nutrition. As long as a great many of the 17,000 non-White babies born each year in the city must perforce spend their cradle days in overcrowded surroundings with often grossly inefficient maternal care, there is little hope of reducing and maintaining at a low level the infant mortality rate amongst non-Whites.

In the year under review 51 per cent of the total deaths among White infants occurred in the first week of life (peri-natal period) and 61 per cent in the first month (neonatal). Among non-Whites the percentages were 28 and 36 respectively.

The causes of infant mortality both for children under one year of age and children between one and two years of age are set out in Table K on page 94. This Table indicates very clearly the fall in infant mortality over the past forty years, and in recent years the decline in the number of infant deaths from tuberculosis. Table E and F on pages 88 and 90 show the deaths of infants classified according to age, cause, months and legitimacy.

The infant mortality rates since Unification (1913) are set out in years and quinquennia in Table L on page 96 .

Infant Mortality 1965 (Corrected for outward transfers): -

		White	Non-White	All races.
First quarter	... ..	21 (21)	91 (83)	78 (72)
Second quarter	... ..	19 (19)	95 (79)	80 (69)
Third quarter	... ..	18 (18)	60 (52)	53 (47)
Fourth quarter	... ..	20 (20)	61 (58)	54 (52)

The rate based on birth notifications is given in brackets.

The number of deaths of infants under one year of age and the infant mortality rates per 1,000 live births registered for the past five years are shown in the following table.

Events in the Bantu Townships have been included.

Race	1965		1964		1963		1962		1961	
	Deaths under 1 year	Infant mortality rate	Deaths under 1 year	Infant mortality rate	Deaths under 1 year	Infant mortality rate	Deaths under 1 year	Infant mortality rate	Deaths under 1 year	Infant mortality rate
White ... ..	67	19.4	70	18.9	84	23.2	81	21.7	74	20.1
Coloured ... ..	900	69.2	824	65.1	891	73.8	789	66.1	839	71.9
Bantu ... ..	307	133.0	293	185.3	271	207.7	281	220.6	303	198.4
Asiatic ... ..	14	57.1	8	30.0	12	46.9	8	32.7	13	50.6
Non-White ... ..	1221	78.5	1125	77.6	1174	86.1	1078	80.1	1155	85.9
All races * ... ..	1288	67.8	1195	65.7	1260	73.0	1164	67.7	1234	72.0

\* Including those of unknown race

The neonatal (under 4 weeks) and post neonatal (over 4 weeks but under one year) mortality rates per 1,000 live births registered are shown in the following table, classified for certain causes. The rates based on birth notifications are not given here as the difference in individual causes of death would be insignificant.

Cause of death	Neonatal mortality rate		Post neonatal mortality rate		Infant mortality rate	
	White	Non-White	White	Non-White	White	Non-White
Whooping cough ... ..				0.19		0.19
Scarlet fever ... ..						
Measles ... ..				1.67		1.67
Diphtheria ... ..						
Tuberculosis (all forms) ... ..				0.64		0.64
Syphilis ... ..		0.19				0.19
Bronchitis and pneumonia ... ..		1.80	1.45	8.80	1.45	10.60
Diarrhoea and enteritis ... ..		0.45	1.16	21.52	1.16	21.97
Immaturity ... ..	3.19	11.50		0.32	3.19	11.82
Injury at birth ... ..	1.16	3.15			1.16	3.15
Congenital malformations... ..	2.90	2.12	2.03	1.73	4.94	3.86
Other diseases of early infancy... ..	4.65	7.58	0.58	5.85	5.23	13.43
Other and ill-defined or unknown causes ... ..		1.48	2.32	9.44	2.32	10.92
Total ... ..	12	28	7	50	19	78

There has been a distinct swing from the neonatal to the post neonatal period in deaths of all races, affecting most of the main categories listed above, as compared with 1964.



The trend in infant mortality since 1956 is as follows:—

White

Cause of death	1956	1957	1958	1959	1960	1961	1962	1963	1964	1965
Whooping cough ...										
Tuberculosis ...										
Measles ...								0.3	0.3	
Diphtheria ...										
Syphilis ...										
Bronchitis and pneumonia	1.1	2.0	4.4	2.7	1.7	1.1	2.7	1.7	1.4	1.5
Gastro enteritis ...	3.1	1.4	0.3	0.3	1.1	1.9	1.3	1.1	1.1	1.2
Immaturity ...	6.7	6.2	6.5	4.2	7.6	6.8	5.1	6.9	3.2	3.2
Injury at birth ...	3.6	2.8	2.2	1.9	3.7	1.1	2.1	2.5	1.6	1.2
Congenital malformations	3.9	3.6	5.7	4.0	3.7	3.0	3.8	2.5	5.4	4.9
Other diseases of early infancy ...	4.2	4.2	2.7	3.2	3.4	4.6	5.9	4.7	4.6	5.2
Other causes ...	2.0	3.4	1.4	1.3	4.2	1.6	0.8	3.6	1.4	2.3
All causes ...	25	24	23	18	25	20	22	23	19	19

Non- White

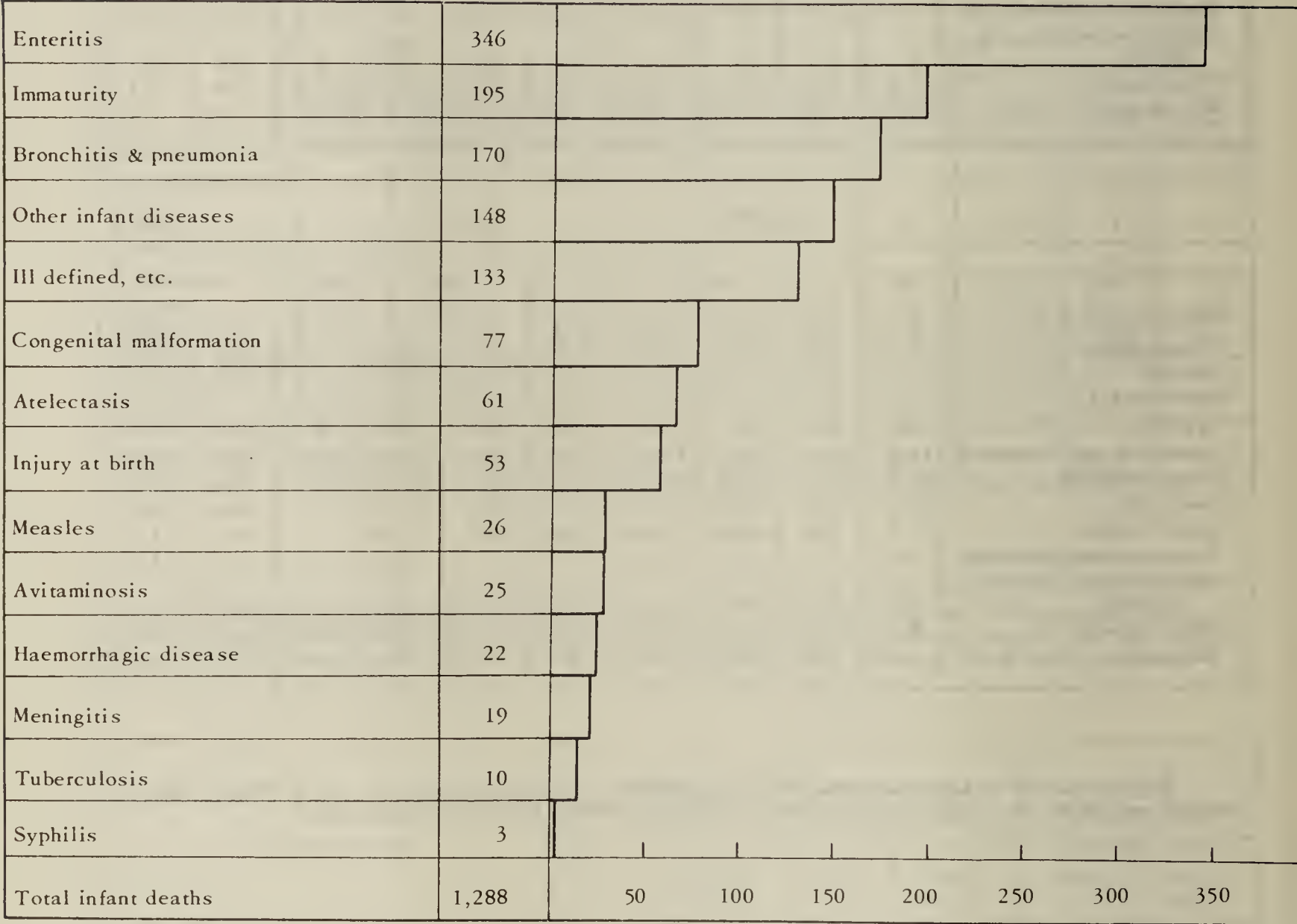
Whooping cough ...	0.1	1.0	0.3	0.4	0.5	0.5	0.3	0.3	0.3	0.2
Tuberculosis ...	2.6	2.7	0.9	1.1	0.4	0.6	0.2	0.6	0.4	0.6
Measles ...	0.1	1.0	0.7	0.5	1.1	0.8	0.5	2.1	0.8	1.7
Diphtheria ...		0.1				0.2	0.1	0.1		
Syphilis ...	0.2	0.4	0.1	0.2	0.2	0.2	0.1	0.4	0.4	0.2
Bronchitis and pneumonia	14.8	15.1	15.7	11.7	12.6	10.8	12.3	13.0	11.0	10.6
Gastro enteritis ...	42.3	35.1	38.8	28.8	29.1	26.1	21.3	25.2	20.6	22.0
Immaturity ...	17.4	14.6	16.8	12.9	13.1	14.0	15.1	15.9	14.4	11.8
Injury at birth ...	5.7	5.7	5.4	5.1	4.4	4.0	3.8	5.2	4.2	3.1
Congenital malformations	3.2	3.4	2.6	3.0	2.9	3.5	4.3	3.2	3.5	3.9
Other diseases of early infancy ...	8.6	6.6	8.4	9.2	7.7	7.6	6.1	8.7	8.6	13.4
Other causes ...	8.1	9.7	7.9	7.5	8.9	7.8	5.8	11.4	13.5	10.9
All causes ...	103	95	98	80	81	76	70	86	78	78

It is of interest to note that immaturity in non-Whites is over three times the rate in Whites. This is probably caused by the relative socio economic difference between these two racial groups.



INFANT MORTALITY, 1965.

All races.



Proportion of infant deaths, neonatal 37%  
post neonatal 63%

The following table shows the corrected number of perinatal (stillbirths and deaths in the first week of life), neonatal and post-neonatal deaths for the various races and the corresponding rates per 1,000 live births registered, with rates based on birth notifications in brackets.

Race	Perinatal		Neonatal		Post neonatal	
	Deaths	Rate	Deaths	Rate	Deaths	Rate
White ... ..	78	22 (23)	41	12 (12)	26	8 (8)
Coloured ... ..	565	42 (39)	335	26 (24)	565	43 (40)
Bantu ... ..	125	53 (39)	96	39 (30)	211	91 (67)
Asiatic ... ..	8	33 (32)	9	37 (37)	5	20 (21)
All non-White ... ..	698	44 (39)	440	28 (25)	781	50 (45)
All races... ..	776	40 (36)	481	25 (23)	807	42 (39)

Compared with the previous year, there was a reduction of 12 per cent in perinatal deaths and a distinct swing from deaths in the neonatal period to the post neonatal period.

The next table shows the variation in the perinatal, neonatal and post neonatal rates over a period of five years :—

Year	White			Non-White		
	Peri-natal	Neo-natal	Post neonatal	Peri-natal	Neo-natal	Post neonatal
1961 ... ..	27	15	5	55	30	46
1962 ... ..	22	16	6	47	31	39
1963 ... ..	27	18	5	54	35	51
1964 ... ..	25	15	4	53	32	45
1965 ... ..	22	12	8	44	28	50
Quinquennium (1961 – 1965)	24	16	6	49	31	47

SEASONAL VARIATION

The seasonal variation in infant mortality is shown in the following table and in Table E on page 88 where the infant deaths for the year 1965 are classified for certain causes.

	1960	1961	1962	1963	1964	Mean 5 years	1965
January ... ..	98	123	112	159	140	126	114
February ... ..	111	90	95	114	110	104	138
March ... ..	107	95	84	109	107	100	122
April ... ..	95	72	76	89	107	88	120
May ... ..	80	78	80	85	111	87	104
June ... ..	103	94	86	91	95	94	123
July ... ..	64	86	106	97	106	92	70
August ... ..	87	88	80	114	73	88	74
September ... ..	83	80	63	90	91	81	104
October ... ..	75	78	71	104	58	77	83
November ... ..	94	91	49	77	78	78	90
December ... ..	93	64	54	93	89	79	109
TOTAL ... ..	1090	1039	956	1222	1165	1094	1251
Mean ... ..	90.8	86.6	79.7	102	97.1	91.2	104.3
Per 1,000 live births ...	68.3	63.5	58.2	70.9	64.0	65.0	65.8

Corrected for outward transfers only.





The occurrence of 13 deaths from abortion is rather disquieting especially as a large proportion of these are undoubtedly due to criminal interference. If such be the case, there is much to be said for assisting in preventing and controlling the unwanted pregnancy, whether it be by the use of the "Pill" or the "Loop". These deaths in the lynch pin of any family are preventable, cause the break-up of the family life, are calamitous for the young children, as well as being an irreparable loss to the State.

The maternal mortality rates per 1,000 total deliveries registered during 1965 and in the previous years were as follows:—

	Puerperal septicaemia			Other causes			All causes		
	W.	Non-W.	All races	W.	Non-W.	All races	W.	Non-W.	All races
1950-54 ...	0.11	0.34	0.29	0.46	1.12	0.96	0.57	1.47	1.24
1955-59 ...	0.11	0.39	0.33	0.27	1.11	0.91	0.38	1.50	1.24
1960-64 ...	0.22	0.66	0.57	0.05	0.55	0.44	0.27	1.21	1.01
1965 ...		0.63	0.52	0.29	1.12	0.67	0.29	1.38	1.19

### SECTION III. — MATERNAL AND CHILD WELFARE.

DR. ISOBEL ROBERTSON, B.A., M.B., CH.B., D.P.H.,  
MATERNAL AND CHILD WELFARE OFFICER.

This Branch is, in the main, responsible for health education and for preventive work amongst expectant mothers and pre-school children. The main activities of the Branch are set out in the following pages and in the carrying out of these duties the staff of 68 Health Visitors are guided and controlled by four full-time and 50 part-time Medical Officers.

The clinic sessions are conducted in 22 municipal welfare centres sited as near as possible to the homes of the population groups which they have been designed to serve, in part of the old Langa Hospital, in the John Power Memorial Camp, Muizenberg, and in four hired halls.

The new child welfare centre at Station Road, Claremont, built at a cost of approximately R21,350, was opened on 10th May, 1965. New centres were also started in the Civic Centre, Sunderland Street, Factreton, on 1st November, and in the former Divisional Council clinic centre, Sherwood Park, Lansdowne Road, Lansdowne, 2nd December, 1965.

The intensive programme of immunisation against poliomyelitis, diphtheria, whooping cough and tetanus has been continued throughout the year.

The immunisation of newborns by the use of the B.C.G. vaccine has also continued, those born in the maternity institutions being vaccinated there by the staff members of the Paediatric Department of the University of Cape Town Medical school, while those born at home being dealt with at special sessions conducted by the Branch's staff at the various child welfare centres. In July, 1965, a change over was made from the use of intra-dermal B.C.G. to the use of per-cutaneous B.C.G., using a 20 needle Heaf gun. The increased number (22,664) of newborns vaccinated by this method against tuberculosis was most gratifying.

#### MATERNAL AND CHILD WELFARE CENTRES

Sessions are held at 28 municipal and other centres in the city and suburbs. As there is no centre for the central city area, sessions are held for Whites in halls hired for the purpose, and for non-Whites temporary use is made of a house in the Malay quarter.

The table on page 30 indicates the attendances (classified for race) at the various child welfare sessions, pre-natal clinics and school clinics held at the various centres during the year, together with the number of children attending for snacks and milk during this period.

#### CHILD WELFARE SESSIONS

During the year, 68 child welfare sessions were held weekly and four fortnightly. At these sessions, 312,170 attendances were recorded. 19,900 of these children were new cases. 18,592 (2,015 White and 16,577 non-White) were under one year of age at the time of their first attendance, and 1,308 (107 White and 1,201 non-White) were over one year of age at that time. These figures show a decrease of 7,820 attendances from the previous year, but the number of new cases rose by 201.

First attendances of children under one year of age were again in excess of registered, but not of notified, local births. Of these, White attendances amounted to 58.5 per cent of the registered local births, an increase from 57.6 in the previous year. First attendances of non-Whites were considerably in excess of registered local births, and 94 per cent of births notified direct to the department.

These figures do not include White infants who attend for consultation at the S.A. Mothercraft Training Centre in Claremont. If these are included, the percentage of White attendances would be materially increased.

CHILD WELFARE BRANCH, 1965

Centre	Race	Infant consultations				Pre-natal clinics			School clinics			Dinners	
		Sess- ions	First attend.		Total attend- ances	Sess- ions	Attendances		Sess- ions	Attendances		Attendances	
			Under 1 year	Over 1 year			First	Total		First	Total	Adults	Children
Shortmarket St. Cape Town	White Non-White Total	156	525 525	16 16	9587 9587	52	262 262	1103 1103	20	122 122	541 541		
Kloof St., Cape Town	White Non-White Total	53	220 220	7 7	2070 2070								
Aspeling St., Cape Town	White Non-White Total	201	1018 1018	45 45	19708 19708	51	381 381	1700 1700	38	855 855	3092 3092	595 595	6922 6922
Bloemhof	White Non-White Total	103	513 513	9 9	9587 9587								
Devil's Peak Estate Cape Town	White Non-White Total	47	181 181	— —	2163 2163								
Green Point	White Non-White Total	53	107 107	— —	1488 1488								
Camps Bay	White Non-White Total	28	100 100	— —	860 860								
Woodstock	White Non-White Total	205	267 734 1001	10 24 34	2655 10036 12691	51	11 195 206	52 901 953	177	248 678 926	1138 2807 3945		
Maitland	White Non-White Total	101	78 284 362	5 17 22	1076 3168 4244	52	5 277 282	15 1285 1300	17	226 226	743 743		
Brooklyn	White Non-White Total	69	192 192	7 7	2827 2827								
6th Avenue, Kensington	White Non-White Total	250	1365 1365	94 94	26977 26977	104	1317 1317	5488 5488	22	785 785	2198 2198	969 969	10643 10643
Sunderland St. Facreton	White Non-White Total	9	75 75	9 9	1539 1539								
Langa	Bantu	47	521	38	4876	51	604	3154					
Guguletu	Bantu	145	2412	301	21594	155	2253	9985					
Athlone	White Non-White Total	199	1276 1276	68 68	20227 20227	54	724 724	3932 3932	22	372 372	946 946	1695 1695	14370 14370
Bokmakirie	White Non-White Total	153	561 561	26 26	14539 14539	99	617 617	2759 2759	20	145 145	414 414	1293 1293	7497 7497
Bonteheuwel	White Non-White Total	204	2054 2054	41 41	42447 42447	105	1650 1650	7224 7224	40	893 893	2554 2554	82 82	11255 11255
Silvertown	White Non-White Total	200	1032 1032	132 132	22710 22710	47	647 647	3010 3010					
Station Rd., Claremont	White Non-White Total	105	280 222 502	24 19 43	1877 3941 5818	34	15 260 275	49 1223 1272	11	162 162	459 459		
Wesley St., Claremont	White Non-White Total	132	315 315	19 19	7986 7986	17	105 105	542 542	6	61 61	150 150	679 679	5598 5598
Lansdowne	White Non-White Total	203	139 818 957	20 47 67	1733 11874 13617	51	488 488	2015 2015					
Sherwood Park Lansdowne	White Non-White Total	5	6 6	— —	184 184								
Wynberg	White Non-White Total	173	226 474 700	17 28 45	2422 7947 10369	54	15 507 522	35 2145 2180	33	— 200 200	79 721 800		
Southfield	White Non-White Total	151	115 204 319	4 17 21	1340 4176 5516								
Heathfield	White Non-White Total	148	110 412 522	13 30 43	1309 8952 10261							1240 1240	8014 8014
11th Avenue, Retreat	White Non-White Total	254	1495 1495	214 214	31820 31820	99	1575 1575	5886 5886	36	653 653	2351 2351	859 859	8108 8108
Prince George Drive, Muizenberg	White Non-White Total	53	222 222	6 6	5685 5685								
Kalk Bay	White Non-White Total	24	39 39	1 1	780 780	20	21 21	74 74					
Total	White Non-White Total	3471	2015 16577 18592	107 1201 1308	21820 290340 312170	1096	46 1881 1929	151 52426 52577	442	247 5152 5400	1217 16976 18193	7412 7412	72407 72407



The attendances at the child welfare sessions over a period of years are shown in the following table:-

Centre	1965	1964	1963	1962	1961
Shortmarket Street ... ..	9587	9690	9424	9872	8333
Kloof Street ... ..	2070	2334	2089	2315	2312
Aspeling Street ... ..	19708	20643	25441	26489	20761
Bloemhof ... ..	9587	9005	10626	11180	9028
Devil's Peak ... ..	2163	2320	2030	1755	1948
Green Point ... ..	1488	2093	2025	2094	2126
Camps Bay ... ..	860	1105	787	634	636
Woodstock ... ..	12691	12315	13449	12787	13047
Welcome Estate ... ..			1953		
Maitland ... ..	4244	5060	5323	5607	4909
Brooklyn ... ..	2827	3008	3083	3008	2947
Kensington ... ..	26977	32335	36120	35191	29756
Fractreton ... ..	1539				
Langa ... ..	4876	4367	4795	4425	3565
Guguletu ... ..	21594	21509	19799	16501	12893
Athlone ... ..	20227	21740	23544	24186	22468
Bokmakirie ... ..	14539	15336	15313	13380	11690
Bonteheuwel ... ..	42447	34573	28422	22099	380
Bridgetown ... ..			6860	14210	11089
Silvertown ... ..	22710	22739	13601		
Claremont (Station Road ... ..	5818	10358	14596	11653	8456
Claremont (Wesley Street ... ..	7986	8255	7000	5871	5821
Claremont (Franklin Road) ... ..				63	698
Lansdowne ... ..	13617	13715	12983	11377	9081
Sherwood Park ... ..	184				
Wynberg ... ..	10369	11442	11050	11260	11807
Parkwood and Southfield ... ..	5516	6097	6178	6180	5990
Heathfield ... ..	10261	8540	11149	11461	8343
11th Avenue Retreat ... ..	31820	34176	38131	32694	26782
Muizenberg (Atlantic Road) ... ..					295
Muizenberg (Prince George Drive) ... ..	5685	6472	7105	5587	4409
Kalk Bay ... ..	780	763	631	894	922
Totals	312170	319990	333622	302773	240492

SOUTH AFRICAN MOTHERCRAFT TRAINING CENTRE

(Lady Buxton Home)

The following table shows the number of infants who attended the consultations of the South African Mothercraft Training Centre during the year.

Voluntary Centre	No. of sessions in the year	No. of new cases (Infants)	Total attendances (Infants)
Bowwood Road, Claremont ...	196	469	4091
Sea Point ... ..	58	155	1529

ADVISORY WORK AT CHILD WELFARE SESSIONS

At the sessions, mothers are advised on correct feeding and hygiene of infants and pre-school children.

Breast feeding is encouraged and sessions are held by the health visitors at which instructional test feeds are performed. During the year, instructional test feeds were given to 211 White mothers and 1826 Coloured and Bantu mothers.

Dried milk for infants who cannot be entirely breast fed, and supplementary milk for children with protein malnutrition are supplied at the centres under the direction of the medical officers at cost or below cost to those mothers unable to afford the full retail price. In cases of poverty the milk may be supplied free. Vitamin oil and such medicines as may be ordered are supplied on similar terms.

During the year, 2,543 new cases were supplied with dried milk and 96,006 pounds were issued (full cream 72,217 lbs., half cream 5,946 lbs., skim 17,843 lbs.)

The pilot scheme started in 1961 for the distribution of powdered skim milk to necessitous toddler groups and subsidised by the State Health Service was continued on a permanent basis with a State Department subsidy of 5c. per lb. on powdered skim milk costing 15c. per lb.

This milk is distributed to indigent pre-school toddlers showing signs of malnutrition, in an effort to prevent the development of kwashiorkor. The milk was issued to 1,500 children per week. During the year a total quantity of 79,721 lbs. of this milk powder was issued.

The scheme has resulted in a much larger attendance at municipal child welfare clinics, and an improvement in the general standard of nutrition among the toddlers.

Further reference to kwashiorkor is made on page 50 of this report.

#### MEDICAL EXAMINATIONS

All infants attending welfare centres are medically examined at their first visit and periodically thereafter. 111,907 Children were so examined. Children requiring special treatment are referred to hospital or to their own doctors. Minor ailments in indigent cases are treated at the centres.

#### SUPPLEMENTARY FEEDING

At 8 of the centres supplementary meals were served throughout the year from Monday to Friday to indigent expectant and nursing mothers and pre-school children.

These meals consist of soup, cheese, fruit and enriched bread spread with a mixture of margarine, peanut butter, food yeast and golden syrup. Liquid skimmed milk was supplied at 6 of these centres.

#### HEALTH VISITING IN THE HOME

Home visiting can be considered the most important aspect of the work of the health visitor, since it aims at teaching the mother the care of her child in relation to the home. Visits are made soon after an infant's birth and thereafter as frequently as the health visitor's time permits, but not less frequently than every three months during the first year of life.

The health visitors undertake home visiting for children under school age, visiting of expectant mothers, and in addition, the visiting required for ophthalmia neonatorum, puerperal fever, whooping cough, and other infectious ailments of childhood. Each health visitor assists at sessions held at the centre which lies in her district.

The full complement of health visiting staff on 31st December, 1965 was as follows:—

Principal Health Visitor.

Health Visitors —

White	...	...	...	...	...	31
Coloured	...	...	...	...	...	20
Bantu	...	...	...	...	...	4
Clinic Nurses	...	...	...	...	...	13
Clinic Assistants	...	...	...	...	...	18
Social Welfare Worker	...	...	...	...	...	1

Two further Bantu health visitors who work in the Bantu Townships are attached to the Department for administrative purposes.

Special duties are performed by nine of the health visitors and clinic nurses —

Diphtheria, poliomyelitis and B.C.G. vaccination	...	5
Orthopaedic clinics and visiting	...	1
School clinics and visiting	...	2
Supervision of midwifery	...	1



The following table shows the number of visits made during 1965 and the previous year by health visitors and social welfare worker. Visits made by the health visitors of the tuberculosis and venereal disease branches are included here for convenience.

Visits in connection with:—

	1965	1964
Births ... ..	19997	20402
Subsequent revisits ... ..	62059	62704
Child deaths ... ..	1558	1398
Expectant mothers ... ..	1856	1909
Midwives ... ..	3491	3270
Orthopaedic ... ..	1916	1190
Schools ... ..	1400	1114
Protected infants ... ..	1191	1417
Social welfare ... ..	2782	3797
Infectious diseases ... ..	4761	2824
Other visits ... ..	13291	13263
	<hr/>	<hr/>
	114302	113288
Tuberculosis ... ..	44126	42704
Venereal disease ... ..	1131	851
	<hr/>	<hr/>
	159559	156843
	<hr/>	<hr/>

The decrease in the births visited represents an actual drop of 456 in the notified births.

#### PRE-NATAL CLINICS

Pre-natal sessions are conducted at all the larger centres and the work is carried out in close co-operation with the public maternity hospitals which fall either under the Provincial Administration or charitable organisations.

In view of the inadequate number of maternity beds in Cape Town, the Provincial Administration's maternity hospitals limit admission as far as possible to primiparae, abnormal confinements, women who have had seven or more pregnancies, and those where bad socio-economic conditions preclude confinement at home. Women attending the ante-natal clinics are referred to one or other local maternity institution when hospital confinement is considered advisable for any of the above reasons.

6891 Cases were attended by private midwives in their own homes, and many of these women attended the welfare centres for ante-natal care.

During the year, 21 pre-natal sessions were held weekly and 1 fortnightly at which there were 11929 new cases. The total attendances numbered 52577 details of which are shown on page 30.

The number of new cases attending the municipal pre-natal sessions amounted to 63 per cent of the number of registered live births (1 per cent White and 76 per cent non-White).

In addition to the above municipal sessions, prenatal sessions are also held at the Peninsula, Somerset and Mowbray maternity hospitals which fall under Provincial Administration, and at St. Monica's Home run by private religious organisation.

Midwives working within the municipal area are supervised by the department's supervisor of midwives, and are encouraged to attend the pre-natal centre with their patients to see the doctor.

Routine serological tests for syphilis are carried out on all women attending pre-natal sessions and specific treatment is provided for those requiring it. 13492 Blood specimens were taken during the year (46 White and 13446 non-White). Of these, 1260 gave positive or doubtful reactions.

Routine tests are done by the Provincial Blood Transfusion laboratory on all women attending ante-natal sessions to ascertain their blood-grouping. Those who proved to be Rhesus negative are further investigated and referred to hospital if necessary.

Routine testing for haemoglobin levels of all women attending ante-natal sessions is done by the Provincial blood transfusion laboratory. Special arrangements have been made, in co-operation with Groote Schuur Hospital, to deal with severe cases of anaemia found in pregnant women.

The attendances at the pre-natal clinics in the welfare centres over a period of years are shown in the following table:—

Centre	1965	1964	1963	1962	1961
Shortmarket Street ... ..	1103	1020	765	624	638
Aspeling Street ... ..	1700	2263	2622	2937	2876
Bloemhof ... ..					209
Woodstock ... ..	953	827	1048	1451	1290
Maitland ... ..	1300	1313	1552	1608	1648
Kensington ... ..	5488	5114	5450	6372	6939
Langa ... ..	3154	2629	2140	1923	1966
Guguletu (Nyanga West) ... ..	9985	9484	7013	4740	3748
Athlone ... ..	3932	3751	4801	5128	4057
Bokmakirie ... ..	2759	2639	3349	3725	3618
Bonteheuwel ... ..	7224	6030	3622	2237	27
Silvertown (Petuniastreet) ... ..	3010	2757	1433		
Claremont (Station Road) ... ..	1272	1954	2095	1595	1573
Claremont (Wesley Street) ... ..	542	217		41	247
Lansdowne ... ..	2015	1976	1839	1500	1347
Wynberg ... ..	2180	2435	2400	1683	1732
Parkwood and Southfield ... ..				329	897
11th Avenue, Retreat ... ..	5886	6213	5892	6159	5832
Kalk Bay ... ..	74	129	105	95	41
Totals	52577	50751	46126	42147	38684

POST-NATAL CLINICS

Weekly sessions are held at 11 of the child welfare centres in co-operation with the S.A. Council for Maternal and Family Welfare.

At these sessions each woman receives routine post-natal examination and any abnormalities found are treated or, if necessary, referred to the gynaecological department of one of the hospitals.

Routine cytological examination on women attending these clinics with a view to detecting early malignancy in the female genital tract was commenced in February, 1960. Where atypical cells were discovered, the women are referred to a special gynaecology clinic at Groote Schuur Hospital.

Number of cytological examinations	6893
Number showing infections	1466
Number showing cells needing further investigation (Grade 2 and 3 atypia)	462
Number showing cells suspicious of malignancy (Grade 4 and 5).	101
Number referred to Gynaecology Department, Groote Schuur Hospital.	110

Of the 110 women referred, early cancer (Ca-in-situ) was detected in 10 cases and established cancer in 4 cases.

Instruction in family limitation and spacing is given when this is deemed advisable for socio-medical or other reasons. During the year there were 6,130 new cases (496 White and 5,634 non-White) and a total attendance of 42,697 (2,667 White and 40,030 non-White).

During the year an additional birth control scheme was conducted under the direction of the Department of Gynaecology of the University of Cape Town. This pilot scheme involved the introduction of intra-uterine contraceptive devices into 1,000 women, with strict and careful follow up. So far the results of the scheme are promising, especially in older women who have had large families.

A comparison in family size between 1962 and 1965 shows a difference in pattern, in that there are fewer families with 4, 5 or 6 Children in 1965 than there were in 1962. This indicates that family planning may be having some definite effect on the overall size of families.

NOTIFICATION OF BIRTHS

The regulations regarding Early Notification of Births (made by the Minister of Health in 1920) require notification of all births in the municipality to the Medical Officer of Health within twenty-four hours of their occurrence. This information is invaluable to the department for the follow up of all new births.

In addition, births must also under the relevant section of the Births, Marriages and Deaths Registration Act, as amended, be registered with the Registrar of Births and Deaths at any time within seven days of occurrence by the father of the child or, failing him, some other responsible person present at the time of birth.

During the year, 24448 births and 550 stillbirths were notified (including births to mothers who were not Cape Town residents) as follows:—

Notified by midwives and nurses (other than extern or intern institutional cases) ...	6912
Notified by doctors ... ..	281
Notified by institutions (extern or intern) ...	17805

There were 598 births notified in Langa Bantu Township and 2422 in Guguletu Bantu Township.



The births and still births notified as having taken place in the municipality during the year are further classified hereunder:-

<i>Attended</i>								<i>Births</i>	<i>Percentage</i>
<i>In private houses:-</i>									
By private doctors	...	...	...	...	...	...	...	281	1.1
By private midwives:	...	...	...						
Certificated	...	...	...	...	...	...	...	6383	25.5
Uncertificated	...	...	...	...	...	...	...	508	2.0
By institutional midwives or student midwives	...	...	...	...	...	...	...	1884	7.5
No doctor or midwife	...	...	...	...	...	...	...	21	0.1
								<hr/>	<hr/>
								9077	36.3
<i>In institutions:-</i>									
Public institutions	...	...	...	...	...	...	...	9985	39.9
Private nursing homes	...	...	...	...	...	...	...	5936	23.7
								<hr/>	<hr/>
								15921	63.7
								<hr/>	<hr/>

3463 Of these births were to non-residents of Cape Town.

It should be noted that these births are recorded according to date of birth to suit the convenience of the work of the department, whereas in the vital statistics section of this report births are recorded according to date of notification to enable comparison with State registrations. Hence there will always be some small discrepancy between the two sets of figures.

Public domiciliary midwifery is carried out from the Peninsula Maternity Hospital, Somerset Hospital and St. Monica's Home, all institutions which are recognised as training schools for midwives, and by Provincial Administration.

#### SUPERVISION OF MIDWIVES

The supervision of all persons, other than medical practitioners, practising midwifery in the municipal area is undertaken by this Branch in accordance with the regulations made under Section 18(b) of the Public Health (Amendment) Act No. 15 of 1928.

The various groups of midwives practising in the municipal area consist of the following:-

- (1) 78 Private midwives, of whom 73 are trained. The 5 untrained midwives have been registered by the S.A. Nursing Council. No further untrained midwives will be permitted to start practice.
- (2) 26 Provincial district midwives working in the Kensington, Athlone, Bonteheuwel, Langa Lansdowne and Retreat areas, where there is much poverty.
- (3) Midwives attached to the training schools doing district work in the vicinity of the training schools and in the outlying district of Windermere.
- (4) 4 Midwives employed at the Grassy Park Health Centre (outside the Municipality) provide a district service for the contiguous area of Parkwood Estate which is within the municipality.

In approved indigent cases delivered on district, private midwives are paid by the department for services rendered in those areas not served by the provincial district midwives or midwives from the training schools.

#### *Assisted midwifery*

An amount of R119 was paid to private midwives during the year. Fees paid to medical practitioners called in by midwives to indigent cases with obstetrical emergencies amounted to R43.

#### *Inspections*

Regular meetings for private midwives are held at the various centres every quarter, at which talks on midwifery are given by the departmental medical officers, and inspections of the midwives' records and equipment are carried out by the supervisor of midwives. At these sessions the opportunity is taken of encouraging the midwives to discuss their problems with the doctors. In addition, regular visits are paid by the supervisor to the homes of the midwives.

The extent of the supervisor's work is indicated by the following figures:-

Midwives interviewed at office	...	...	...	...	...	56
Visits paid to midwives in their own homes	...	...	...	...	...	787
Inspections held	...	...	...	...	...	21
Attendances of midwives at inspections	...	...	...	...	...	286
Totals visits by supervisor	...	...	...	...	...	2590

#### PUERPERAL FEVER

Reported cases of this notifiable disease are investigated by the Maternal and Child Welfare Branch and are admitted to the City Infections Diseases Hospital where necessary.

There were no cases of puerperal fever reported in the city during 1965.

OPHTHALMIA

For the purpose of notification, ophthalmia neonatorum is defined as a purulent inflammation of the eyes of an infant occurring within twenty-one days of birth, whether it be due to infection with the gonococcus or not.

Cases of inflammation of the eyes beginning after the twenty-first day of life are not regarded as ophthalmia neonatorum, but if due to gonococcal infection are notifiable as gonorrhoeal ophthalmia.

293 (44 White and 249 non-White) cases of ophthalmia neonatorum were notified, which represents 1.4 per cent of the notified live births. Of these, 176 were born in institutions and 14 confined at home by hospital institutional staff. The remaining 103 cases were confined at home. One of these was attended by a doctor, 97 by private midwives, one was unattended, and there were four cases without relevent information.

Swab results were recorded in 243 cases, of which 31 were positive for gonococci, 16 doubtful and the remainder negative.

It is to be recorded that the health visitors reported 118 of the cases as "slight", 70 as moderate or grave, and with no comment on the remainder. With the exception of those cases where contact was lost through transfer of domicile, all cases were known to have recovered.

DIPHTHERIA, WHOOPING COUGH AND TETANUS IMMUNISATION

Two immunising teams, each consisting of a medical officer, health visitor and an assistant, conducted 10 immunising sessions per week throughout the year at clinics, institutions and schools. A postcard is sent to all parents whose infants have reached the age of 3½ months indicating the seriousness of diphtheria and advising immunisation by a private doctor or by the staff of the nearest clinic.

At the Department's sessions the triple antigen of diphtheria, whooping cough and tetanus toxoid is used. A booster injection against the selfsame diseases is given one year after the initial course to all infants, and further injections against diphtheria and tetanus to school entrants.

The work done at the municipal sessions during the year is shown by the following figures:—

Number of sessions:					
At schools	...	...	...	...	181
At institutions	...	...	...	...	42
At child welfare centres	...	...	...	...	622
					845

Attendances at these sessions increased by 8.1 per cent compared with the previous year and are shown in the following table. The shortfall in first attendances compared with the number of births during the year, and in those who fail to return for the second or third dose, is regrettable but every effort is being made by the Branch to attain the ideal of a completely immunised infant population.

A large number of immunisations for the White group are carried out by private medical practitioners, of which there is no official record. In the main the non-White groups rely on the free service provided at the municipal clinics.

Race	AGE GROUP											Total attendances
	0 – 1			1 – 6				School age				
	1st	2nd	3rd	1st	2nd	3rd	Booster.	1st	2nd	3rd	Booster.	
White	2599	2503	2363	433	504	577	1909	464	577	444	1939	14312
Non-White	16316	13973	12311	5157	5733	5989	6452	4938	4009	2630	4585	82093
Total	18915	16476	14674	5590	6237	6566	8361	5402	4586	3074	6524	96405

Race Race	Material Used			
	Diph.	D/WC/T.	D/TET.	A.D.F.
White	124	8530	5623	35
Non-White	342	49381	32305	65
Total	466	57911	37928	100



POLIOMYELITIS IMMUNISATION

Immunisation against poliomyelitis is now compulsory throughout the Republic (Notice No. 1989 in Government Gazette No.683 of 27th December, 1963). Since the mass oral live attenuated (Sabin) polio immunisation campaign held in 1961, the distribution of polio vaccine has been continued for all new babies from the age of 3 to 4 months and immigrants and children who have not previously been done. Free vaccine is available at special sessions held weekly in two centres and at all sessions where diphtheria, whooping cough and tetanus immunisation is performed.

The number of municipal immunisation sessions held during the year is shown by the following figures

At schools	...	...	...	173
At institutions	...	...	...	38
At child welfare centres	...	...	...	723
				934

Period January to April, 1965.

Race	New cases					Total first attendances	Subsequent attendances			Total attendances
	0-1 yrs	1-4 yrs	5-9 yrs	10-19 yrs.	Adult		2nd	3rd	4th	
White	1219	204	357	29	377	2186	1824	2320	1579	7909
Non-White	5595	1245	1802	212	2264	11118	7512	8057	4174	30861
Total	6814	1449	2159	241	2641	13304	9336	10377	5753	38770

Period May to December, 1965.

	0-1 year		1-4 years		Other ages		Total	
	White	Non-W	White	Non-W.	White	Non-W.	White	Non-W.
First dose ... ..	2238	10917	359	2563	1240	10203	3837	23683
Second dose ... ..	2293	10128	359	2620	1414	8388	4066	21136
Completed course (Three doses)	2187	9388	450	3228	1264	6828	3901	19444
Booster after 3 doses ...	345	309	1529	4913	1735	5415	3609	10637

B.C.G. VACCINATION

B.C.G. vaccination of newborn infants has continued. The material used is freeze dried B.C.G. supplied by the State Health Service. Infants born in the Provincial Hospitals and in St. Monica's and the Salvation Army homes were immunised by the medical staff of those homes. In the case of infants born on the district, the health visitor at her first visit invited the mother to bring the baby to the local welfare centre where vaccination was done as soon after birth as possible.

Number of B.C.G. vaccinations :-

	White	Non-White	Total
Gröote Schuur Hospital ... ..	957	541	1498
Mowbray Maternity Hospital ... ..	685		685
Peninsula Maternity Hospital ... ..		4168	4168
Somerset Hospital ... ..		1519	1519
St Monica's Home ... ..		1174	1174
Salvation Army Home ... ..		1344	1344
Municipal child welfare centres---	1969	10307	12276
	3611	19053	22664

SCHOOL CLINICS

By arrangement with the Provincial Administration and the Department of Coloured Affairs, school clinics are organised by the Maternal and Child Welfare Branch and held during the school term at certain of the municipal welfare centres.

General sessions with a medical officer in attendance are held weekly at Woodstock, Bonteheuwel, Retreat and Aspeling Street (city), and fortnightly at Shortmarket Street (city), Maitland, Kensington, Athlone, Claremont and Wynberg.

Cases requiring specialised attention are referred to the appropriate out-patients department of a general hospital, or to a child guidance or mental hygiene clinic, while those suffering from the effects of malnutrition and debility following illness are sent to convalescent homes. Where necessary, visits are made to the homes of such children and the parents or guardians interviewed.

Ophthalmic sessions with specialists in attendance are held three times per week at the Woodstock centre and weekly at Bokmakirie.

A health visitor and a clinic nurse are employed on this work.

The work done during the year is shown in the table on page 30 and is further analysed in the following figures :—

	Ophthalmic school clinic			General school clinic		
	White	Non-White	Total	White	Non-White	Total
Number of new cases ...	200	642	842	48	4510	4558
Total attendances ...	808	2401	3209	409	14575	14984
Number of sessions held ...	31	101	132	32	278	310
Children fitted with spectacles :						
Full-paying ...	192		192			
Part paying ...	51		51			
Free ...	23		23			

ORTHOPAEDIC WORK

The Child Welfare Branch is responsible for the care of children under 6 years of age living within the municipal area who are suffering from orthopaedic conditions but are not in hospital.

The Department employs one orthopaedic health visitor who works in close collaboration with the Orthopaedic District Sisters of the Provincial Administration, and divides her time between domiciliary visiting and clinic sessions.

Clinics.

Monthly sessions are held in four centres with an orthopaedic surgeon in attendance, two orthopaedic sisters from the Provincial Administration, an orthopaedic technician, clinic clerk and Cripple Care Worker.

Weekly sessions are also held in these centres, where the treatment ordered by the orthopaedic surgeon is carried out by the orthopaedic sisters.

The following figures give an indication of the work of the orthopaedic health visitor :—

Number of children on record —

White ... ..	38
Coloured ... ..	269
Bantu ... ..	64

House visits made ... ..	1911
--------------------------	------

Sessions held —

Surgeons ... ..	47
Sisters ... ..	333
	<hr/>
	380

Attendances at sessions —

Surgeons ... ..	1778
Sisters ... ..	7545
	<hr/>
	9323

The causes of disablement are varied but more than half of these are due to poliomyelitis and congenital deformities.



## DAY NURSERIES AND NURSERY SCHOOLS

The employment of married women in factories, domestic work and other spheres of labour has become a necessity for many families, who could not otherwise maintain a reasonable standard of living.

Many of the infants of working mothers are cared for by foster mothers. Although the care given is often good, in some cases it leaves much to be desired.

Nurseries and nursery schools are therefore an essential health measure for the underprivileged child providing, as they do, proper care in hygienic surroundings, in addition to forming constructive social and educational backgrounds. Four nursery schools, one with creche attached, and two day nurseries at Langa and Guguletu Bantu Townships are maintained by the Branch and are supervised by a senior White nursery school teacher. A new creche and nursery school at Retreat was opened during September.

All private nursery schools and creches must be registered by the State Department of Social Welfare, and with a view to assisting this body, a municipal health visitor visits them and reports on the suitability or otherwise of the premises in question.

## BOKMAKIRIE CRECHE AND NURSERY SCHOOL

This nursery school serves the Council's housing schemes in Kew Town and Bokmakirie and has accommodation for 80 children under school age, 20 babies between 3 months and 2 years, and 60 children between 2 and 6 years of age. The nursery is open from 8 a.m. to 5 p.m., Mondays to Fridays, and meals are provided. It is staffed by a creche superintendent, three non-White junior nursery school teachers, and three helpers.

## BLOEMHOF NURSERY SCHOOL

This school is run in the Bloemhof Community Centre attached to the municipal housing scheme in Constitution Street, Cape Town. There is accommodation for 40 children from 3 to 6 years of age, under the supervision of a White nursery school teacher, and a non-White junior nursery school teacher. The nursery is open from 8 a.m. to 5 p.m. and a mid-day dinner is provided.

## SHELLEY STREET NURSERY SCHOOL

This nursery school is situated in the centre of a busy factory area in Salt River, and is very popular. There is accommodation for 45 children from 3 to 6 years of age, under the supervision of two non-White junior nursery school teachers. The nursery school is open from 8 a.m. to 5 p.m. and meals are provided.

## HYMAN LIBERMAN INSTITUTION NURSERY SCHOOL

The nursery school at the Hyman Liberman Institute is conducted in the hall of the Institute and caters for 50 children between the age of 3 and 6 years. The facilities available at this school are not very good and plans have been submitted to the responsible Committee of the Council for approval so that a modern nursery school can be erected adjacent to the present site. The nursery school is open from 8 a.m. to 5 p.m. and meals are provided.

## LANGA DAY NURSERY

A day nursery is conducted in the Langa Bantu Township for 20 infants and 60 children between the age of 2 and 6 years. There are two trained Bantu nurses, three adult helpers and 2 juvenile helpers.

## GUGULETU DAY NURSERY

A day nursery is conducted in the Guguletu Bantu Township for 20 infants under two years of age and 60 children between the age of 2 and 6 years. There is a nursery superintendent assisted by one adult and two juvenile helpers.

## RETREAT CRECHE AND NURSERY SCHOOL

This nursery school serves the Council's housing scheme at Retreat/Steenberg district. There is accommodation for 20 babies under two years of age and 60 children between 2 and 6 years. The nursery is open from 8.45 to 5 p.m. and meals are provided. There is a creche superintendent, three nursery school teachers and two juvenile helpers.

The attendances at the municipal nurseries and nursery schools during the year are shown in the following table :—

	Sessions	New entrants	Av. total on register	Av. attend. per session	Total attend.
Bokmakirie	211	37	80	71	14900
Retreat	211	38	80	68	14361
Bloemhof	211	24	45	40	8403
Shelley St.	211	32	49	45	9468
Liberman	211	38	50	44	9235
Langa	246	64	78	77	16186
Guguletu	211	89	80	78	16365

A resident nursery for the infants of tuberculous non-White women is run in a cottage in the municipal housing scheme in Kew Town. The infants are admitted, as soon after birth as possible, to enable the mothers to be transferred to a tuberculosis hospital for treatment.

The home has accommodation for six infants with a non-White house-mother in charge. They are vaccinated with B.C.G., and remain in the home until the mothers are in a fit condition to care for them or some other suitable arrangements can be made.

PROTECTED INFANTS

Children under 7 years of age who are maintained apart from their parents or close relatives and are living with foster parents have by law to be registered by the foster mother with the Commissioner for Child Welfare of the district. Infant protection visitors who visit and report on these children are appointed by the Commissioner.

In Cape Town, the health visitors of the Child Welfare Branch have been nominated to act as infant protection visitors.

The practice of placing children with foster mothers particularly amongst non-Whites is very common in Cape Town. Many of these foster mothers diligently care for their wards but difficulties do arise when payments tend to become irregular or cease altogether owing to the fact that the parents, being unmarried, frequently disappear.

All social problems which might affect the welfare of the young child are brought to light by the health visitor at her periodic visits. Should a foster mother prove unsuitable, the Commissioner for Child Welfare is informed so that arrangements may be made for the removal of the child to some more suitable person.

The number of protected infants registered in the year was as follows —

Cape Town Magisterial district	...	75
Wynberg Magisterial district	...	244

SOCIAL WELFARE WORK

One social welfare worker is attached to the Branch, particularly to safeguard the interests of unmarried mothers and their infants. She is available for interviews each morning and in the afternoons visits private homes, institutions and maternity homes in connection with cases.

Many requests for advice and help from expectant mothers, and mothers of small children, are in connection with non-suport from fathers and reputed fathers. Many of these are for various reasons loath to report to the non-support officer.

As required under the Immorality Act 1957, all cases of unmarried mothers under the age of 16 years are fully investigated. During 1965, 281 cases (21 White, 178 Coloured and 82 Bantu) were so investigated.

The social welfare investigator visits rescue homes in an advisory capacity and reports to the health visitors when the mothers and babies leave such institutions.

Close contact and co-operation is maintained with Societies such as the Society for the Protection of Child Life, Afrikaanse Christelike Vrouens Vereniging, Mental Health Society, Social Welfare Department and non-support officers.



## SECTION IV. – DENTAL BRANCH

(Dr. L.H. Croxford, Principal Dental Officer.)

Dental disease is the most prevalent and insidious known to mankind. Unfortunately this disease seems to be synonymous with civilisation, and has even been recorded as far back as the early Egyptian dynasties. These Egyptian records enumerate various attempts at combating the disease on an individual basis and there are in existence ancient prosthetic appliances for the aesthetic replacement of teeth.

It is all too easy to draw the obvious inference that the mass production of foods in any civilisation is the sole cause of dental decay. Such foods it is true may be the main contributory factor, but to this must also be linked mineral deficiencies and other environmental factors. The fact remains that, although reparative procedures for the privileged few have advanced considerably, the prevention of dental decay for the masses has progressed very little and made even less impact on so-called civilised communities.

The three aspects which must be high lighted if any impression is to be made on the dental problems of the City of Cape Town with its population of 580,000 and served by approximately 100 dental surgeons are (a) Prevention, (b) Education, and (c) Treatment.

It is estimated that one dentist can deal with the dental requirements of 2,000 persons in one year. On the available dental man power in the city, only the needs of 200,000 persons can be met. The question is what happens to the balance of 380,000 persons? Of the 200,000 persons receiving dental treatment it is fair to assume that the majority are able to meet the costs of such treatment. It is also fair to assume that the balance of 380,000 are either indigent or ignorant of oral hygiene. It is this balance of 380,000 with which the Municipal Dental Branch is concerned.

(a) PREVENTION: At first sight it would appear that the only means of prevention of dental disease is the toothbrush. Despite its diligent application there are still far too many cases of dental decay occurring, so that other factors such as heredity, diet, nutrition and growth must also be taken into account.

The heredity aspect is at present impossible to control so must be ruled out of account, while the control of diet and nutrition cannot be enforced on any group of persons. Education and propaganda are thus our only weapons in this question of a properly balanced diet which will take care not only of the dental health of the population but also of their general physical and mental well being. Apart from this form of education, we still have an important card to be played in the fluoridisation of our public water supplies.

(b) EDUCATION: Dental health education must be accepted as a long term project in that it affects future generations and has little or no impact on the present adult generation. Education in regard to the importance of a sound dentition must commence at an early age and must include instruction on correct feeding, proper dental and oral hygiene, and the need for regular preventative checks of all mouths. Such instruction is best given through the medium of the schools. Instruction given by parents is frequently ignored whereas that given by teachers is more likely to be accepted.

(c) TREATMENT: Dental treatment is aimed at halting disease and repairing as far as possible its ravages. It is a most regrettable fact that this Branch is still fully committed to the radical procedure of dental extractions, although in recent years there has been a hopeful slight increase in the amount of conservative treatment carried out. The main stumbling block to conservative treatment is the prejudice of the poorer classes against fillings. Were the pain and discomfort factor to be limited or eliminated there is little doubt that more use of this important aspect of prevention would be made.

The supply and fitting of prosthetic appliances has been carried out to the limits of the facilities available, but in this we take no credit as it represents a defeat in the whole conception of public health dentistry.

The orthodontic aspect of the Branch has continued to function to full capacity. While this specialised aspect is all important from the preventative point of view, it is of necessity a very slow and tedious procedure, and as a result only a limited and small number of persons can be treated each year.

The full-time establishment of the Dental Branch as at 31st December, 1965, consisted of the following:—

Chief Dental Officer	Senior dental mechanic
Deputy Dental Officer	Dental mechanics, 4
Assistant Dental Officer	Social welfare visitor
Senior clinic nurse	Clerical staff, 3
Dental nurses, 6	Caretaker/Cleaner
Clinic assistants, 6	Labourer
	Laundresses, 4
	Domestic

The full-time professional staff is assisted by a number of part-time dental surgeons, anaesthetists, nurses and clinic assistants. The following table indicates the services rendered during the year.



REPORT OF THE MEDICAL OFFICER OF HEALTH

DENTAL BRANCH, 1965.

Centre		Sessions.	New cases		Total attendances		Extractions (Persons)		Fillings (Persons)		Examinations and other dental treatment		Dentures supplied (Persons)	
			W.	N-W.	W.	N-W.	W.	N-W.	W.	N-W.	W.	N-W.	W.	N-W.
Hope Street Cape Town	General: Adults	1547	1183	8095	3509	17582	470	4533	403	245	2665	12816	250	912
	Children		1139	2482	3156	4396	537	1782	416	47	2252	2571	2	3
	School children	494	84	7	1125	896	125	10	934	857	98	46		
	Total	2041	2406	10584	7790	22876	1132	6325	1753	1149	5015	15433	252	915
Aspeling Street, Cape Town	Nursing & expectant mothers	55		89		136		131				5		
	Pre-school children			361		604		585				18		
	School children	41		637		1043		886				157		
	Total	96		1087		1783		1603				180		
Woodstock	Nursing & expectant mothers	26		19		35		35						
	Pre-school children			149		262		252				10		
	School children	41	293	410	385	552	306	476			81	76		
	Total	67	293	578	385	849	306	763			81	86		
Maitland	General: Adults	67	19	420	39	739	20	323			19	416		
	Children		33	304	69	554	36	262			33	292		
	Nursing & expectant mothers	50	5	59	13	209	11	197			2	12		
	Pre-school children		17	141	60	439	58	428			2	11		
	School children	169	152	1204	313	2075	140	1630	136	191	40	267		
	Total	286	226	2128	494	4016	265	2840	136	191	96	998		
Athlone	Nursing & expectant mothers	54		82		153		146				7		
	Pre-school children			272		541		525				16		
	School children	54		973		1383		1141				242		
	Total	108		1327		2077		1812				265		
Silvertown	General: Adults	53		300	6	507	6	173				334		
	Children			481	10	912	10	400				512		
	Nursing & expectant mothers	114		192		555		508				48		
	Pre-school children			480		1059		987				72		
	School children	175		853		1968		1284		420		271		
	Total	342		2306	16	5001	16	3352		420		1237		
Wynberg	Nursing & expectant mothers	31	3	48	5	114	4	108			1	6		
	Pre-school children		11	142	20	324	18	303			2	21		
	School children	168	209	1074	516	1742	220	1418	221	106	82	221		
	Total	199	223	1264	541	2180	242	1829	221	106	85	248		
Retreat	General: Adults	125		708	1	1473	1	692				785		
	Children			578	2	1155	2	535				620		
	Nursing & expectant mothers	94		217		557		525				32		
	Pre-school children			411		787		755				32		
	School children	54		962		1354		1204				150		
	Total	273		2876	3	5326	3	3711				1619		
Lansdowne	School children	109	105	512	555	824	199	669	237	1	126	156		
Langa	Residents: Adults	26		199		273		224				49		
	Children			17		26		24				2		
Guguletu	General: Adults	120		1350		2254		784				1470		
	Children			1095		1927		730				1197		
	Nursing & expectant mothers	45		24		379		372				7		
	Pre-school children			21		292		287				5		
	Total	165		2490		4852		2173				2679		
City Hospital	In-patients	14	8	65	12	154	5	63			7	91		
Brooklyn Chest Hospital	In-patients	12		102		201		78				123		
Dr. A.J. Stals Sanatorium	In-patients	10		192		290		140				150		
Spencer Road Salt River	Tuberculous out-patients	71		268	13	876	1	324			12	553	3	80
Lady Michaelis Home	In-patients	4	17	35	22	35	5	14			17	21		
Other schools	School children	30	40	2326	40	2356		30			40	2326		
Total	Adults		1218	12310	3589	26275	518	9243	403	247	2706	16803	253	992
	Children		2100	16046	6273	27720	1656	16731	1944	1620	2773	9413	2	3
	Persons	3853	3318	28356	9871	53995	2174	25974	2347	1867	5479	26216	255	995



SECTION V – INFECTIOUS AND OTHER DISEASES

The cases of compulsorily notifiable diseases reported in the Municipality of Cape Town during the year are shown in the tables on pages 98 to 100 classified by race and:

- Table N, in months according to date of notification.
- Table O, in age and sex groups.
- Table P, in wards.

Other statistical details as to deaths from infectious diseases are contained in Tables A, B, and C on pages 83 – 85

No cases were reported of the following notifiable diseases: Asiatic cholera, plague glanders, rabies, yellow fever, smallpox, typanosomiasis, trachoma, typhus and malta fever, and puerperal fever.

Tuberculosis evidenced by a positive reaction to the tuberculin test in a child under the age of five years to whom B.C.G. vaccine had not been administered was declared a notifiable disease throughout the Republic under Notice No. 494 in the Government Gazette No. 1079 of 7th April, 1965

Distribution of cases by race

	White	Coloured	Bantu	Asiatic	Total
Tuberculosis, pulmonary ...	121	928	640	6	1695
Tuberculosis, other forms ...	3	77	29	—	109
Enteric ... ..	1	15	1	—	17
Diphtheria ... ..	6	4	2	—	12
Scarlet fever ... ..	33	8	—	3	44
Erysipelas ... ..	4	—	—	—	4
Cerebrospinal fever ... ..	3	24	6	—	33
Infective encephalitis ...	—	—	—	—	—
Acute poliomyelitis ... ..	—	10	5	—	15
Ophthalmia neonatorum ...	44	201	48	—	293
Puerperal fever ... ..	—	—	—	—	—
Leprosy ... ..	—	—	1	—	1
Anthrax ... ..	—	—	—	—	—
Whooping cough ... ..	20	32	5	—	57
Kwashiorkor ... ..	—	244	79	—	323
Tetanus ... ..	—	11	1	—	12
Total	235	1554	817	9	2615

TYPHOID OR ENTERIC FEVER

The number of cases reported during the year, corrected for misdiagnosis and imported cases, was 17 (1 White and 16 non-White), equivalent to an incidence rate of 0.03 per 1,000 population (0.01 White and 0.04 non-White). There were no deaths from the disease. During the previous year there were 15 cases with 3 deaths.

All the cases were treated in the City Hospital for Infectious Diseases. No source of infection was traced, except that two of the cases lived in the vicinity of, but without actual contact with, known typhoid carriers. Home conditions of most of the patients were of a very poor standard. There was one instance of secondary infection within the same household.

27 cases were also admitted to the City Hospital from outside the municipal area. One other case from outside the city area died in a general hospital. Three other non-White cases which were reported had obviously contracted the disease before arrival in the city.

One non-White typhoid carrier was discovered and hospitalised.

THE RAMIFICATIONS OF TYPHOID

Investigation of a case of typhoid from an address in Bonteheuvel revealed close association with a known carrier in the Hanover Street area of the central city. Not content with this association, further investigation of the family living in the next door house in Bonteheuvel and who share the same lavatory revealed that they had all suffered from an attack of "enteritis". Their infant had been so bad that she had been admitted to the Somerset Hospital with the signs and symptoms that could well have been typhoid; and the treatment had been what would have been given to a typhoid patient. Further investigation of this episode revealed that this family had only recently moved into the house in Bonteheuvel, previously living in Lansdowne close to a known typhoid carrier whose daughter was a frequent visitor and had often fed the infant.

In another case of typhoid reported from an address in Bonteheuvel investigation revealed that the family frequently visited the patient's mother-in-law who lived in Salt River. A case of typhoid had been notified from this address in 1962. The patient of 1962 was re-tested for the carrier state and found to be negative but in the second month of testing the remainder of this household a female who prepared the food was found to be a carrier. She had undoubtedly been responsible for the case in 1962 as well as the present case.

The importance of family and close contact screening of all typhoid cases cannot be overstressed as only by so doing can carriers be identified and placed under surveillance.

DIPHThERIA

The cases of this disease reported during the year, corrected for misdiagnosis and imported cases, numbered 12 (6 White and 6 non-White), equivalent to an incidence rate of 0.02 per 1,000 population (0.03 White and 0.02 non-White). There were two White and 3 non-White deaths from the disease, of whom none had been immunised. During the previous year there were 2 White and 20 non-White cases reported with one death.

This is a new record low incidence of the disease in Cape Town. Five fatal cases emphasize the everpresent dangerous nature of diphtheria in the unimmunised and the criminal neglect of wayward and in-different parents to have their children immunised.

Two of the cases occurred in the Bantu Townships. There was one instance of secondary infection within the same household in Ward 7. One of the cases was treated in the Military Hospital, and the remainder at the City Hospital for Infectious Diseases.

In addition, 29 cases (one White and 28 non-White) from outside the city area were treated in the City Hospital. Five non-White deaths occurred in this group.

Diphtheria carriers

10 non-White diphtheria carriers were reported in the city area, 2 in Guguletu Township, and one from outside the municipal area.

Details of the department's work in immunisation is given in the following table and also on page 36 .

Year	Number of Notifications			Persons Immunized		
	White	Non-White	All Races	White	Non-White	All Races
1939 - 40	286	130	416	2,541	2,421	4,962
1944 - 45	89	89	178	2,517	8,465	10,982
1949 - 50	60	62	122	3,298	10,256	13,554
1954 - 55	32	81	113	4,162	17,955	22,117
1960	27	60	87	4,021	20,422	24,443
1961	17	61	78	4,409	23,369	27,769
1962	6	17	23	5,578	27,483	33,063
1963	6	27	33	6,362	26,476	32,838
1964	2	20	22	7,003	30,202	37,205
1965	6	6	12	7,232	31,967	39,199

NOTIFICATION AND DEATH RATES PER 1,000 POPULATION FROM ENTERIC FEVER, DIPHThERIA AND SCARLET FEVER

Year	Enteric fever				Diphtheria				Scarlet fever			
	Notifications		Deaths		Notifications		Deaths		Notifications		Deaths	
	White	Non-White	White	Non-White	White	Non-White	White	Non-White	White	Non-White	White	Non-White
Average												
1916 - 20	2.04	2.03	0.14	0.42	1.58	0.47	0.10	0.17	1.54	0.17	0.01	
1921 - 25	1.80	1.99	0.19	0.36	1.23	0.36	0.09	0.08	0.87	0.10	0.00	
1926 - 30	0.81	1.03	0.09	0.21	1.39	0.59	0.09	0.12	1.42	0.10	0.01	0.01
1931 - 35	0.40	0.51	0.04	0.11	1.24	0.73	0.05	0.09	1.42	0.15	0.00	
1936 - 40	0.22	0.35	0.02	0.05	2.00	1.17	0.07	0.17	1.78	0.13	0.01	0.00
1941 - 45	0.21	0.35	0.02	0.07	0.99	0.66	0.04	0.08	1.13	0.07	0.01	0.00
1946 - 50	0.12	0.37	0.02	0.06	0.25	0.33	0.02	0.04	1.22	0.16		0.00
1951 - 55	0.07	0.24		0.01	0.18	0.20	0.01	0.02	0.96	0.13		0.00
1956 - 60	0.03	0.13		0.00	0.10	0.16	0.01	0.01	0.55	0.04	0.00	0.00
1961 - 65	0.00	0.04		0.00	0.04	0.08	0.00	0.01	0.27	0.03	0.00	
Year												
1961		0.01			0.09	0.20	0.01	0.02	0.48	0.05		
1962		0.03			0.03	0.06		0.01	0.36	0.01		
1963		0.10			0.03	0.08		0.01	0.18	0.04		
1964	0.01	0.04		0.01	0.01	0.05		0.00	0.15	0.04	0.01	
1965	0.01	0.04			0.03	0.02	0.01	0.01	0.17	0.03		



## SCARLET FEVER

The cases of this disease reported in the year, corrected for misdiagnosis and imported cases, numbered 44 (33 White and 11 non-White), equivalent to an incidence rate of 0.07 per 1,000 population (0.17 White and 0.03 non-White). There were no deaths from the disease. In the previous year there were 43 cases with one death.

There were no cases in the Bantu Townships.

Three cases occurred in one family, and in three families there were two cases each. The remaining cases occurred singly in different premises. There were two cases in school institutions. Permission was granted to nurse 14 cases at home where satisfactory conditions in isolation were available.

In addition, 13 cases (10 White and 3 non-White) were admitted to the City Hospital for Infectious Diseases from outside the city area.

Other particulars will be found in table above and in Tables N to P on pages 98–100.

## CEREBROSPINAL FEVER

During the year, 33 cases (3 White and 30 non-White) were notified, equivalent to an incidence rate of 0.06 per 1,000 population (0.02 White and 0.08 non-White). Five of the non-White cases died, three in the City Hospital for Infectious Diseases, one in a children's hospital shortly after admission, and one child died in the Guguletu Township, being notified by the Government Pathologist after death. A further death registration was carried over from the previous year. In the previous year there were 32 cases with one death.

With the exception of the two postmortem notifications, all the cases were admitted to the City Hospital. Five of the 33 cases occurred in the Bantu Townships. One case occurred in a institution in Ward 14. There was no secondary infection within the same household.

In addition, 25 cases (3 White and 22 non-White) were admitted to the City Hospital from outside the municipal area. In this group there were one White and two non-White deaths.

Further particulars will be found in the table below and in Tables N to P on pages 98–100.

## ACUTE POLIOMYELITIS

Ten non-White cases of poliomyelitis were notified in the city, plus five in the Bantu Townships. All save one were treated in the City Hospital for Infectious Diseases. The incidence rates were 0.03 per 1,000 population (0.04 non-White only). There were no deaths from the disease. During the previous year one case was notified.

There was no record of immunisation in nine of the cases, but in one case the first feed of vaccine had been given, and in five cases there was a record of full immunisation.

None of the patients had been away from home during the three weeks prior to onset of the disease, nor had they been in contact with any known case of poliomyelitis.

Legal proceedings instituted in 1964 under Regulation 1989 in a case of refusal by a parent to have his child immunised, resulting in a suspended sentence being passed by the Magistrate, provided the child was immunised within twelve months, was followed up with a further report to the Court that the terms of the Court order had not been complied with, and a term of imprisonment was served by the father of the child. During 1965, another similar prosecution resulted in a term of imprisonment being served by the father who also refused to permit his five children to be immunised.

In addition to the figures quoted above, 29 cases (two White and 27 non-White) were admitted to the City Hospital for Infectious Diseases from outside the Municipal area. One of the White cases died.

Information regarding polio immunisation will be found on page 37 and further details of incidence in Tables N to P on pages 98–100.

Year	Cerebrospinal fever				Acute poliomyelitis				Infective encephalitis			
	Cases		Deaths		Cases		Deaths		Cases		Deaths	
	White	Non-White	White	Non-White	White	Non-White	White	Non-White	White	Non-White	White	Non-White
Average												
1916 – 20	3	3	1	2	3	2	1	1				
1921 – 25	4	6	3	3	1	1	0	1	4	2	3	2
1926 – 30	19	78	11	45	5	2	1	0	6	5	4	4
1931 – 35	5	22	3	17	6	5	0	1	4	3	1	1
1936 – 40	4	18	2	10	4	5	1		2	3	1	1
1941 – 45	26	95	4	16	12	5	1	1	2	2	1	1
1946 – 50	12	40	2	9	8	8	1	0	1	2		1
1951 – 55	12	50	1	8	17	13	2		2	2		1
1956 – 60	7	22	1	3	32	75	2	3	1	10	1	3
1961 – 65	4	24	1	2	1	9			1	3	1	2
Year												
1962	5	29		4		6			1	5		4
1963	3	15	1	1		18			1	3		1
1964	6	26		1		1			1	1	1	1
1965	3	30		6		15						

INFLUENZA AND PNEUMONIA

These diseases are not now notifiable in the Cape Town Municipality, but deaths from influenza and from bronchitis and pneumonia, with the corresponding death rates, are set out in the following table:—

Period	Influenza				Bronchitis				Pneumonia (all forms)			
	White		Non-White		White		Non-White		White		Non-White	
	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate
Average												
1921 – 25	8	0.07	13	0.15	37	0.35	198	2.30	88	0.84	394	4.57
1926 – 30	20	0.16	31	0.28	36	0.29	240	2.26	82	0.66	379	3.54
1931 – 35	18	0.12	25	0.19	32	0.23	205	1.58	81	0.57	392	3.04
1936 – 40	21	0.13	20	0.14	28	0.18	176	1.21	75	0.48	424	2.89
1941 – 45	10	0.06	12	0.07	22	0.13	143	0.84	64	0.39	467	2.74
1946 – 50	4	0.03	9	0.05	18	0.09	105	0.52	56	0.30	365	1.81
1951 – 55	5	0.03	6	0.02	16	0.08	50	0.20	52	0.27	249	0.96
1956 – 60	3	0.02	6	0.02	11	0.06	30	0.09	53	0.27	263	0.78
1961 – 65	3	0 02	6	0 02	16	0 09	41	0 12	49	0 25	272	0 80
Year												
1962			2	0.01	11	0.06	32	0.11	61	0.32	249	0.82
1963	6	0.03	9	0.03	11	0.06	54	0.16	38	0.19	308	0.90
1964	1	0.01	2	0.01	23	0.12	39	0.10	51	0.26	276	0.72
1965	1	0 01	6	0.02	30	0 15	41	0 16	36	0 18	257	0 65

The following figures for deaths from bronchitis and pneumonia show the contrast between Whites and non-Whites compared with the previous year:—

	1965		1964	
	White	Non-White	White	Non-White
Under 5 years of age	5	211	7	205
0 – 1 years	5)	165)	5)	159)
1 – 2 years	–)	33)	2)	35)
2 – 5 years	–)	13)	–)	11)
All other ages	61	108	67	110
	66	319	74	315

The infant mortality rate per 1,000 live births from these causes for a series of past years is set out in Table K, on pages 94 and 95.

The seasonal character of mortality from bronchitis and pneumonia will be found in Table C, on page 85.

LEPROSY

One case of leprosy was reported in the person of a Bantu male aged 24 years. At the time of notification the patient was employed as a garage attendant, but had been a migrant labourer for the past five years.

MEASLES

70 measles deaths (67 non-White) occurred in the city during the year. In the previous year there were 35 deaths. 61 of the city deaths in the year under review occurred in children under two years of age, and all were under five years of age. 27 non-residents also died of measles.

During the year, 347 cases of measles were admitted to the city Hospital for Infectious Diseases, of whom 134 were from outside the city area, 8 from Langa and 30 from Guguletu Township. During the previous year, 235 cases were admitted to the City Hospital.

Of the 213 city cases, two were nurses from different hospitals, while 11 had developed the disease while in-patients in other hospitals.

It should be noted that measles is not a notifiable disease except under certain circumscribed circumstances, so that the figures quoted above only refer to those cases brought to the notice of the department through admission to the City Hospital as a result of inability to isolate, bad home conditions or to serious complications supervening.

The increase in morbidity and mortality as revealed by available figures might well be in accordance with the usual biennial pattern of fluctuation in the occurrence of measles as reported from other large overseas conurbations.



Period				Measles			
				Deaths		Rate per 1,000 population	
				White	Non-White	White	Non-White
Average :							
1916 – 20	...	...	...	7	34	0.08	0.43
1921 – 25	...	...	...	5	33	0.05	0.38
1926 – 30	...	...	...	5	16	0.04	0.16
1931 – 35	...	...	...	3	32	0.02	0.24
1936 – 40	...	...	...	2	15	0.01	0.11
1941 – 45	...	...	...	3	24	0.02	0.14
1946 – 50	...	...	...	1	24	0.01	0.12
1951 – 55	...	...	...	—	14	0.00	0.05
1956 – 60	...	...	...	1	18	0.00	0.05
1961 – 65	...	...	...	2	49	0.01	0.14
Year							
1961	...	...	...	1	33	0.01	0.11
1962	...	...	...	1	28	0.01	0.09
1963	...	...	...	2	85	0.01	0.25
1964	...	...	...	1	34	0.01	0.09
1965	...	...	...	3	67	0.02	0.17

WHOOPING COUGH

For the period under review the number of cases was 57 (20 White and 37 non-White), equivalent to an incidence rate of 0.10 per 1,000 population (0.10 White and 0.09 non-White). Three non-White deaths were registered. During the previous period there were 92 cases and four deaths.

Two cases occurred in one house in two instances. No institutions were involved. 28 cases were admitted to the City Hospital for Infectious Diseases, one of whom died. The distribution of the 57 cases according to month of occurrence, wards and age-groups will be found in Tables N to P on pages 98–100.

In addition, 14 cases were admitted to the City Hospital from outside the Municipal area, one of whom died. Six of the 57 cases reported occurred in the Guguletu Township. Further details of whooping cough immunisation at the municipal centres will be found on page 36.

Period				Whooping cough							
				Notifications		Incidence rate per 1,000 population		Deaths		Death rate per 1,000 population	
				White	Non- White	White	Non- White	White	Non- White	White	Non- White
Average											
1916 – 20     ...     ...     ...								11	37	0.13	0.48
1921 – 25     ...     ...     ...								10	30	0.09	0.35
1926 – 30     ...     ...     ...								10	33	0.08	0.31
1931 – 35     ...     ...     ...								7	34	0.04	0.27
1936 – 40     ...     ...     ...								4	74	0.02	0.51
1941 – 45     ...     ...     ...								3	45	0.02	0.26
1945 – 50     ...     ...     ...								2	42	0.01	0.20
1951 – 55     ...     ...     ...				188	576	1.00	2.24	1	19	0.00	0.07
1956 – 60     ...     ...     .				48	162	0.25	0.48		8		0.02
1961 – 65     ...     ...     ...				20	63	0.10	0.19		6		0.02
Year											
1961     ...     ...     ...				24	108	0.12	0.36		8		0.03
1962     ...     ...     ...				15	40	0.08	0.13		8		0.03
1963     ...     ...     ...				20	60	0.10	0.18		8		0.02
1964     ...     ...     ...				22	70	0.11	0.18		4		0.01
1965     ...     ...     ...				20	37	0.10	0.09		3		0.01

TETANUS

9cases of tetanus and 3 cases of tetanus neonatorum were reported during the year. Deaths from this disease are very often the subject of Magisterial inquest but owing to the long delay in registering deaths, it is not possible to co-ordinate the number of deaths with the cases reported. All that can be said is that four non-White deaths in the city were registered and 18 deaths of persons residing outside the municipal area.

Three of the cases in the present period were connected with childbirth, and three had definitely received some physical injury on playing fields.

In two of the fatal tetanus neonatorum cases the mothers were both confined in the rural areas where the standards of midwifery are not comparable with those in the urban areas.

INFECTIOUS HEPATITIS

In the middle of December, 1965, a general medical practitioner telephonically reported the occurrence of two cases of infectious hepatitis in his practice. Both were White males, virtually unassociated other than being table boarders at a certain restaurant.

The food handling at these premises was immediately investigated but despite the volume of business being conducted, the general hygiene and supervision of the establishment was found to be excellent.

Subsequent verbal notifications and departmental investigations raised the total to 10 cases of infections hepatitis, all table boarders at the same restaurant. Having regard to the fact that the incubation period of this disease is a long one, and that all the cases became ill within about a week of each other, it would appear that all these cases were infected at about the same time.

Blood specimens from the proprietor, his wife, and all the foodhandling staff (29 persons in all) were sent to the State Laboratories for estimation of Serum Transaminase levels (S.G.O.T.) but none gave any indication of liver damage or recent liver infection.

It would therefore appear that the infecting agent must have been present in some foodstuff used in the restaurant such as possibly the salads, and that infection was not transmitted by the restaurant staff.

DIARRHOEAL DISEASES

The deaths registered during the year due to diarrhoea and enteritis (corrected) numbered 430 as compared with 390 in the previous year. The corresponding death rate for the city was 0.72 per 1,000 population (0.03 White and 1.07 non-White). Although there were more deaths from diarrhoea and enteritis than in the previous year, the number of deaths has been gradually declining in biennial steps over the past 10 years.

The deaths from diarrhoeal diseases for the year are classified as follows:—

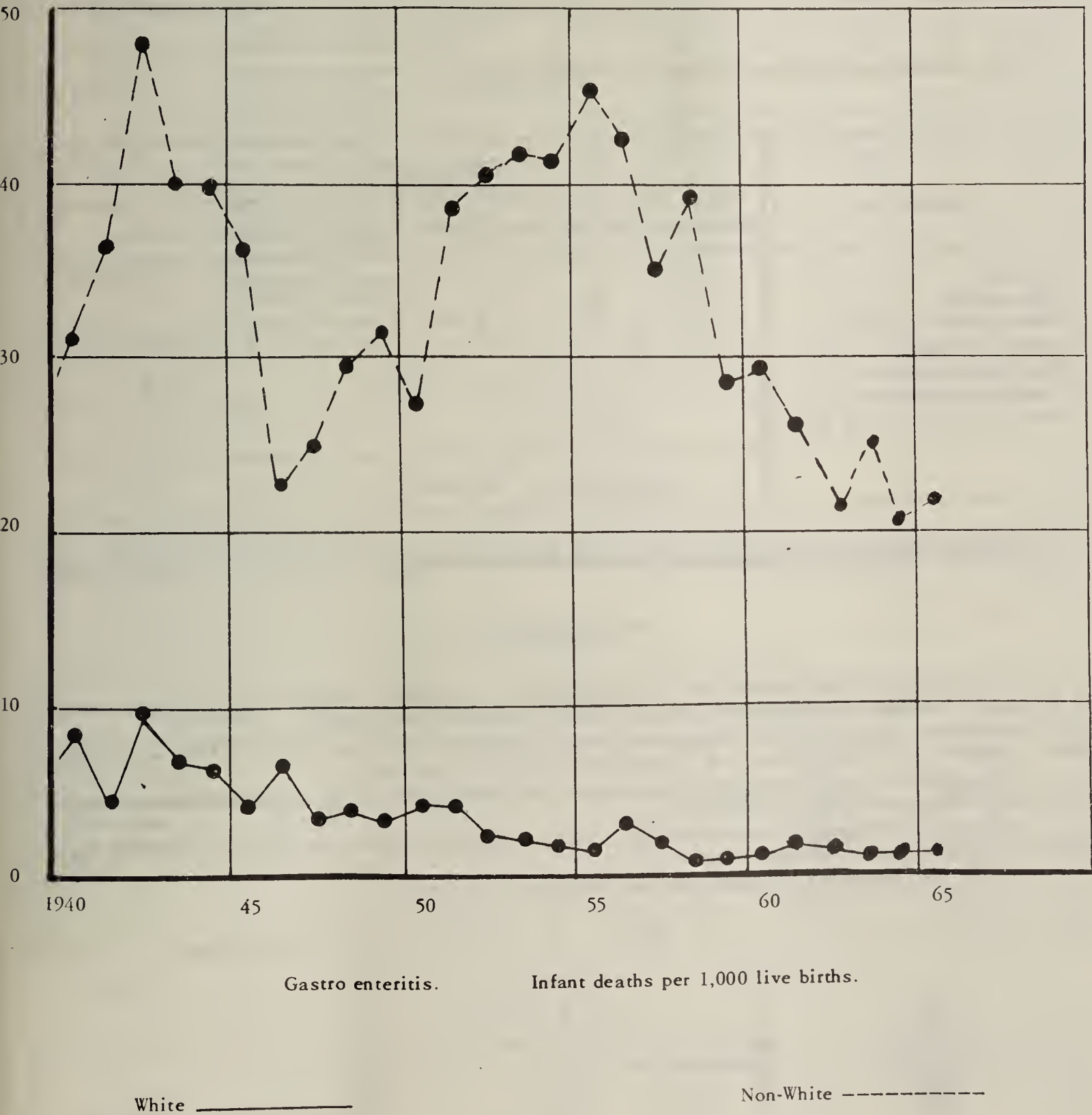
Int. Code No.	Disease	White	Non-White	All races
571, 764	Gastro-enteritis and colitis, including diarrhoea of the newborn	5	425	430
572	Chronic enteritis and ulcerative colitis	3	5	8
043	Cholera ... ..	—	—	—
045	Dysentery, bacillary ... ..	—	2	2
046	Dysentery, amoebic ... ..	—	2	2
047–048	Dysentery, other forms ... ..	—	—	—
	Total	8	434	442
	Diarrhoeal death rate per 1,000 population	0.04	1.09	0.74

Of the 425 non-White deaths from diarrhoea and enteritis 112 occurred in the Bantu Townships, 111 in Ward 10, 75 in Ward 15, and 127 in the rest of the city. 98.6 per cent of these deaths were under five years of age, i. e., 342 under one year, 56 between one and two years, and 21 between two and five years. Compared with the previous year the increase in the number of deaths was confined to Wards 10 and 15.



Infants deaths from diarrhoea and enteritis for a series of years:—

Year	Diarrhoea and Enteritis					
	White		Non-White		All races	
	Male	Female	Male	Female	Male	Female
Average						
1946 – 50 ... ..	9	6	142	107	151	113
1951 – 55 ... ..	5	3	224	206	229	209
1956 – 60 ... ..	3	2	210	195	213	197
1961 – 65 ... ..	3	2	176	155	178	157
Year						
1962 ... ..	3	2	183	158	186	160
1963 ... ..	2	2	190	152	192	154
1964 ... ..	3	1	142	157	145	158
1965 ... ..	2	2	183	159	185	161



KWASHIORKOR

During the year, 323 cases of this disease, all non-White, were reported, equivalent to an incidence rate of 0.54 per 1,000 population (0.81 for non-Whites only). There were 41 deaths. Most of the cases notified were children under five years of age, and of these 58 per cent were in the age group one to two years.

In view of recent interest in malnutrition and continued efforts by many organisations in this city to obtain support for supplementary feeding of the lower classes in schools, etc., the following figures have been compiled from death certificates for the year under review so as in some manner to indicate the extent of serious malnutrition existing locally. All these figures relate to non-White children under five years of age who died within the municipality irrespective of domicile.

Deaths from gastro enteritis	509
Deaths in which malnutrition is mentioned as a main or contributory cause	299

These 299 deaths are analysed as follows:—

Classified as	City residents	Bantu Townships	Imported cases	Total
Kwashiorkor	28	13	37	78
Other nutritional deficiency states	81	27	33	141
Other causes	40	11	29	80
	149	51	99	299

The 80 deaths attributed to other causes are analysed as:-

Classified as	Contributory cause					
	Malnutrition	Marasmus	Kwashiorkor	Rickets	Diarrhoea	Anaemia
Measles ... ..	3		3		20	3
Tuberculosis ... ..	2	1	1			
Other infectious diseases	2		1		4	1
Nervous system ... ..	1				2	
Respiratory system ... ..				1		2
Congenital deformity ... ..		1			4	
Other diseases of early infancy		20		1	7	
	8	22	5	2	37	6

93 of the 299 cases died at home and the remainder in hospitals.

CANCER

In accordance with the International Classification List of Causes of Death, this disease now appears as malignant neoplasms, including neoplasms of lymphatic haematopoietic tissues.

The number of deaths certified during the year as being due to cancer was 692 (359 White and 333 non-White) compared with 677 (352 White and 325 non-White) in the previous year.

The number of deaths increased by 2 per cent in both racial groups, mainly in the categories stomach, and lungs in Whites, and liver in non-Whites.

In view of recent public interest in the causation of lung cancer and its relationship to cigarette smoking, the following figures may be of interest.

Deaths from neoplasms of trachea and lung bronchus—

	White		Non-White	
	Male	Female	Male	Female
1937	12	6	6	1
1947	21	3	4	2
1957	46	6	27	5
1960	34	12	27	2
1963	37	9	33	8
1964	41	11	47	7
1965	54	15	39	6



From these figures it is obvious that lung cancer among males is worthy of consideration such deaths being further analysed as follows:—

	White		Non-White	
	Under 55yrs %	Over 55yrs %	Under 55yrs %	Over 55yrs %
1961	12	88	36	64
1962	17	83	45	55
1963	17	83	29	70
1964	27	73	31	69
1965	11	89	31	69

The deaths from cancer registered during the year and the corresponding rates are classified in the following table according to the parts of the body affected

Int. Code No.	Parts affected	White		Non-White		All races	
		Deaths	Rate	Deaths	Rate	Deaths	Rate
140–148	Malignant neoplasm of buccal cavity and pharynx ... ..	7	0.04	7	0.02	14	0.02
150	Malignant neoplasm of oesophagus	7	0.04	26	0.07	33	0.06
151	Malignant neoplasm of stomach	50	0.25	63	0.16	113	0.19
152–153	Malignant neoplasm of intestine	32	0.16	8	0.02	40	0.07
154	Malignant neoplasm of rectum	13	0.07	7	0.02	20	0.03
155–156	Malignant neoplasm of liver	14	0.07	37	0.09	51	0.09
157	Malignant neoplasm of pancreas	16	0.08	11	0.03	27	0.04
162–163	Malignant neoplasm of trachea and bronchus of lung ... ..	69	0.35	45	0.11	114	0.19
170	Malignant neoplasm of breast	37	0.19	29	0.07	66	0.11
171–172	Malignant neoplasm of cervix uteri	20	0.10	21	0.05	41	0.07
177	Malignant neoplasm of prostate	6	0.03	3	0.01	9	0.01
181	Malignant neoplasm of bladder	8	0.04	10	0.03	18	0.03
—	Malignant neoplasm of other and unspecified sites ... ..	46	0.23	43	0.11	89	0.15
200–205	Neoplasm of lymphatic and haematopoietic tissues ... ..	22	0.11	17	0.04	39	0.07
175	Malignant neoplasm of ovary...	12	0.06	6	0.01	18	0.03
	Total ... ..	359	1.82	333	0.84	692	1.16

MEDICAL EXAMINATIONS

Medical examinations for initial entry into the Council service and medical attention for Fire and Traffic personnel are provided by the department. During the year 7167 attendances were recorded as follows:-

Examination Centre

Department	Total	Fit	Temporarily unfit	Unfit
City Engineer ... ..	2229	1728	440	61
City Electrical Engineer ...	1204	950	219	35
Town Clerk ... ..	773	618	137	18
City Treasurer ... ..	105	67	33	5
Health ... ..	61	54	6	1
	4372	3417	835	120

Consulting Room

	Fire Department	Traffic Department
Attendances at consulting room	951	996
Domiciliary visits	88	69
Assisted at operations	16	6
Recruits examined	42	110
	1097	1181
Females examined	517	

SECTION VI. – TUBERCULOSIS

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TUBERCULOSIS OFFICER

The new cases of tuberculosis reported in 1965 corrected for misdiagnosis and imported cases, numbered 1804 and are classified in Table A.

Tuberculosis evidenced by a positive reaction to the tuberculin test in a child under the age of five years to whom B.C.G. vaccine had not been administered was declared a notifiable disease throughout the Republic under Notice No. 494 in the Government Gazette No. 1079 of 7th April, 1965.

TABLE A

	Lungs		Pleural effusion		Primary complex		Mantoux under 5 years		Other forms	
	White	Non-White	White	Non-White	White	Non-White	White	Non-White	White	Non-White
City ... ..	98	753	6	58	15	167	2	10	3	77
Langa ... ..	—	258	—	15	—	31	—	3	—	6
Guguletu ...	—	180	—	9	—	87	—	3	—	23
Total local cases	98	1191	6	82	15	285	2	16	3	106
Imported infection	8	268	—	15	2	75	—	5	1	18
Hospitalised from outside the city	52	145	1	3	—	3	—	—	1	27
	158	1604	7	100	17	363	2	21	5	151

Pulmonary tuberculosis by race. Local cases.

TABLE B

	Notifications		Rate per 1,000 population	
	1965	1964	1965	1964
White ... ..	121	120	0.61	0.61
Coloured ... ..	928	938	2.98	3.09
Bantu ... ..	640	636	8.14	8.62
Asiatic ... ..	6	4	0.80	0.54
Non-White ... ..	1574	1578	3.97	4.10
All races ... ..	1695	1698	2.85	2.92

The total number of cases notified for 1965 has remained almost the same as for the year 1964. However, due to the estimated increase in population there has been a slight decrease in the incidence per 1,000 of the population from 2.92 to 2.85.

The most significant decrease was in the notifications in the Bantu population where a decrease of 0.48 in the rate was recorded.

Further particulars regarding age-groups and wards of the City will be found in Tables N to P on pages 98 to 100.



Deaths from pulmonary tuberculosis (corrected) and the corresponding death rates were as follows:—

TABLE C

	Deaths		Rate per 1,000 population	
	1965	1964	1965	1964
White ... ..	10	11	0.05	0.06
Coloured ... ..	124	110	0.40	0.36
Bantu ... ..	49	52	0.62	0.71
Asiatic ... ..	—	—	—	—
Non-White ... ..	173	162	0.44	0.42
All races ... ..	183	173	0.31	0.30

The death rate per 1,000 population has remained almost constant when compared with the previous year. It is gratifying to note that the increasing death rate amongst the Bantu which was recorded in 1964 has not recurred and that a moderate decrease is recorded.

There can be little doubt that the Bantu's readiness to seek advice earlier than previously and to accept both hospitalisation and ambulatory treatment have helped considerably.

Other forms of tuberculosis.

TABLE D

	White		non-White		Total	
	Cases	Deaths	Cases	Deaths	Cases	Deaths
Meninges ... ..	—	—	28	12	28	12
Abdominal ... ..	—	—	2	1	2	1
Bones and joints ... ..	—	—	13	1	13	1
Glands ... ..	1	—	44	1	45	1
Genito urinary system ... ..	1	—	4	1	5	1
Disseminated ... ..	1	—	9	8	10	8
Other organs ... ..	—	—	6	1	6	1
Total ... ..	3	—	106	25	109	25

Only three cases of tuberculosis other than pulmonary tuberculosis were notified in the White group and 106 cases, as compared with 118 cases in 1964, in the non-White group.

This fall in the non-White may not be a true reflection of the state of affairs in Cape Town but may be due, in part, to the non-notification of cases of other forms of tuberculosis to the department by general practitioners and the general hospitals.

The discovery rates for pulmonary tuberculosis and tuberculosis in other forms per 1,000 population for the 5 year period 1961 to 1965 are shown below.

TABLE E

Race	Pulmonary tuberculosis					Tuberculosis, other forms				
	1965	1964	1963	1962	1961	1965	1964	1963	1962	1961
White	0.61	0.61	0.57	0.66	0.69	0.02	0.03	0.03	0.04	0.14
Coloured	2.98	3.09	3.51	3.69	3.78	0.25	0.29	0.24	0.30	0.61
Bantu	8.14	8.62	7.06	8.32	7.65	0.37	0.41	0.26	0.63	0.92
Asiatic	0.80	0.54	0.82	1.09	0.96	—	0.13	—	—	0.14
Non-White	3.97	4.10	4.16	4.52	4.46	0.27	0.31	0.24	0.36	0.66
All races	2.85	2.92	2.93	3.15	3.10	0.18	0.21	0.17	0.24	0.47

DEATHS

The death rates per 1,000 population from pulmonary and non-pulmonary tuberculosis (corrected) are shown below for each racial group during the past 5 years:—

TABLE F

	Pulmonary tuberculosis					Tuberculosis, other forms				
	1965	1964	1963	1962	1961	1965	1964	1963	1962	1961
White ...	0.05	0.06	0.11	0.09	0.12	—	0.01	—	0.01	0.01
Coloured ...	0.40	0.36	0.47	0.40	0.49	0.06	0.05	0.07	0.09	0.08
Bantu ...	0.62	0.71	0.42	0.71	0.77	0.06	0.09	0.07	0.18	0.26
Asiatic ...					0.41					
Non-White...	0.44	0.42	0.45	0.45	0.54	0.06	0.06	0.07	0.10	0.11
All races ...	0.31	0.30	0.33	0.32	0.39	0.04	0.04	0.04	0.07	0.08

Although the death rate per 1,000 population for all races has remained almost constant for the past five years, it is to be noted that the non-White death rate is some eight times that of the White death rate, due to the greater reduction in the White death rate over the past two years.

Many factors contribute to this state of affairs but in particular the facts that the non-White either eschews advice at a time when the symptoms of the disease are slight and curable or, when the disease is discovered, fails to take adequate and regular treatment, The considerable number of absconders from hospital continues to give rise to concern as does the fact that chemical tests reveal that some out-patients are not taking their drugs as instructed.

The death rates per 1,000 of the population from all forms of tuberculosis (corrected) are in the following table:—

TABLE G

						Death rate per 1,000 population		
						White	Non-White	All races
2.8 years ended 30th June, 1916	...	...				1.04	4.69	2.82
5 " " " " 1921	...	...				0.88	4.47	2.53
5 " " " " 1926	...	...				0.79	4.09	2.28
5 " " " " 1931	...	...				0.74	4.75	2.62
5 " " " " 1936	...	...				0.84	4.99	2.82
5 " " " " 1941	...	...				0.76	4.55	2.62
5 " " " " 1964	...	...				0.72	6.06	3.45
5 " " " " 1951	...	...				0.57	4.51	2.71
5 " " 31st Dec., 1956	...	...				0.20	1.70	1.09
5 " " " " 1961	...	...				0.16	0.71	0.50
Calendar year 1961	...	...				0.13	0.64	0.44
" " 1962	...	...				0.09	0.55	0.39
" " 1963	...	...				0.11	0.51	0.38
" " 1964	...	...				0.06	0.48	0.34
" " 1965	...	...				0.05	0.50	0.35



ANTI-TUBERCULOSIS CENTRES

TABLE H

	New Consultations			Total Attendances		
	1965	1964	1963	1965	1964	1963
Cape Town:						
White ... ..	1070	1268	1381	4126	4231	4496
Non-White ...	2860	2863	2819	14690	15609	16328
Total ... ..	3930	4131	4200	18816	19840	20824
Wynberg:						
White ... ..	546	534	666	1981	2103	2294
Non-White ...	1693	1700	1987	8600	8640	9001
Total ... ..	2239	2234	2653	10581	10743	11295
Kensington:						
White ... ..					2	
Non-White ...	758	726	892	5634	5740	6725
Total ... ..	758	726	892	5634	5742	6725
Athlone:						
White ... ..			1			1
Non-White ...	1842	2339	2543	9338	12258	12521
Total ... ..	1842	2339	2544	9338	12258	12522
Silvertown:						
White ... ..						
Non-White ...	664			4322		
Total ... ..	664			4322		
Langa:						
Bantu ... ..	837	649	504	5527	4943	4549
Guguletu:						
Bantu ... ..	1587	1376	876	10732	9624	7447
Total:						
White ... ..	1616	1803	2048	6107	6336	6791
Non-White ...	10241	9652	9621	58843	56809	56571
Total ... ..	11857	11455	11669	64950	63145	63362

Number of sessions :—	Cape Town	...	...	...	431
	Wynberg	...	...	...	232
	Athlone	...	...	...	225
	Kensington	...	...	...	148
	Silvertown	...	...	...	80
	Langa	...	...	...	101
	Guguletu	...	...	...	124
					<u>1341</u>

The new consultations and total attendances increased by approximately three per cent over the previous year. Cape Town, Wynberg, Kensington and Athlone clinics all showed declines in attendances, which was offset by the considerable increase in attendances at the Bantu township clinics of Langa and Guguletu.

A new clinic at Silvertown was opened on 17th May, 1965, and it is anticipated that attendances there will mount rapidly as the result of the opening up of additional Coloured housing estates in the immediate vicinity.

TABLE 1

Ambulatory Injections

	1965	1964	1963	1962	1961
Cape Town:					
White ... ..	1751	1587	1323	2425	2633
Non-White ... ..	7191	8513	7267	10426	11227
Total ... ..	8942	10100	8590	12851	13860
Wynberg:					
White ... ..	672	1271	584	566	888
Non-White ... ..	3835	2725	1364	1141	1142
Total ... ..	4507	3996	1948	1707	2030
Kensington:					
White ... ..					
Non-White ... ..	2181	1567	1438	2882	3841
Total ... ..	2181	1567	1438	2882	3841
Athlone:					
White ... ..					
Non-White ... ..	3780	3756	4364	6984	6965
Total ... ..	3780	3756	4364	6984	6965
Silvertown:					
White ... ..					
Non-White ... ..	2059				
Total ... ..	2059				
Langa:					
Bantu ... ..	5486	4404	4380	7825	7581
Guguletu:					
Bantu ... ..	13416	7654	5574	5837	4569
Total:					
White ... ..	2423	2858	1907	2991	3521
Non-White ... ..	37948	28619	24387	35095	35325
Total ... ..	40371	31477	26294	38086	38846

In addition to the total attendances at consultations of 64,950 given in Table H, an additional 40,371 ambulatory patients attended for injections at special sessions at the various clinics. This is a 25 per cent increase over the figures for 1964.

In May, 1965, a mobile inter-clinic 100 mm X-ray unit was introduced for filming patients at the peripheral clinics and has in every way proved to be extremely satisfactory. Most patients are now saved the long tedious and expensive journey to either the City Hospital or Brooklyn Chest Hospital which they previously had to make for film examinations. It is anticipated that there will be a further expansion of the service during 1966. Films taken during 1965 were as follows:—

White ... .. 62            Non-White ... .. 5,478            Total ... .. 5,540

Two nurses are employed full time in providing the domiciliary treatment service, and during the year under review a total of 15,260 injections were given compared with 13,101 in 1964.

SCREENINGS

Table J

Centre	Whites		Non-Whites		Total
	Males	Females	Males	Females	
Chapel Street ... ..	952	963	3002	2604	7521
Wynberg ... ..	509	601	1651	2071	4832
Kensington ... ..			834	1057	1891
Athlone ... ..			1836	2271	4107
Langa ... ..			1312	487	1799
Guguletu ... ..					
Total ...	1461	1564	8635	8490	20150

During the year 1,031 contact children received B.C.G. vaccination by the percutaneous method. All those given B.C.G. were negative Mantoux reactors.



## SOURCES OF NOTIFICATION

The sources of notifications (all forms) received during the year (including imported infections, i.e. those now resident in Cape Town and known to have contracted the disease before arrival were as follows:—

TABLE K

Private practitioners ... ..	469
General hospitals and other institutions	819
City Health Department branches ...	897
Other local authorities ... ..	243
	<u>2428</u>

The figure of 2,428 total notifications compares with 2,350 in 1964, and 2,266 in 1965.

The following table gives an arbitrary analysis of all primary notifications showing the degree and reasons for the failure to attend the clinics.

TABLE L

	Cape Town	Imported Infection	Langa	Guguletu	Outside Cape Town	Total
Attended clinic ... ..	1005	354	274	264	7	1904
Failed to attend ... ..	184	38	39	38	225	524
	1189	392	313	302	232	2428
Failure to attend clinic:						
In hospital ... ..	114	21	22	23	225	405
Hospital out-patients ...	4	—	1	—	—	5
Too ill ... ..	2	1	—	—	—	3
Died before notification ...	7	—	1	—	—	8
First advice through death registration ... ..	14	2	3	1	—	20
Refusals ... ..	23	12	4	11	—	50
Under private care ... ..	1	—	—	—	—	1
Untraceable or decamped on notification ... ..	19	2	8	3	—	32
	184	38	39	38	225	524

The percentage of notified Cape Town cases who attended the clinics for examination and advice was 86 per cent. More than half of the 14 per cent who failed to attend the clinics after notification were in hospital, having been admitted there directly from their homes or other institutions. The vast majority of these attend the clinic for post hospitalisation treatment.

TABLE M

Period	Total Cape Town cases notified	Bedfast on notification	Percentage of total cases notified	Dead on notification	Percentage of total cases notified
1945-46	2195	168	7.7	298	13.6
1949-50	2002	122	6.1	159	7.9
1954-55	2049	54	2.6	78	3.8
1960	1460	7	0.5	30	2.1
1962	1872	6	0.3	41	2.2
1963	1769	11	0.6	25	1.4
1964	1821	3	0.2	24	1.3
1965	1804	2	0.1	26	1.4

HOSPITALIZATION

TABLE N

	Urban		Langa	Guguletu	Outside Cape Town cases
	Local	Imported infection			
New pulmonary cases notified during the year ... ..	988	373	367	279	204
Known to have had T.B. positive sputum ... ..	368	99	123	71	
New pulmonary cases admitted to institutions for treatment of tuberculosis ... ..	569	91	177	125	204
Proportion of new cases admitted	58%	24%	58%	45%	
Died before receipt of notification	24	2	5	1	
Died within 6months of notification	26	1	10	1	

Outside Cape Town cases – cases admitted to the City Hospital or other hospitals from outside the municipal area.

A further 202 first positive sputa were obtained from patients notified in previous years.

The total number of Cape Town cases of pulmonary tuberculosis admitted to institutions during the year was 1459 compared with 1426 last year.

These were distributed as follows:–

TABLE O

	White		Non-White		Total
	Males	Females	Males	Females	
City Hospital, Cape Town	102	60	44	284	490
Brooklyn Chest Hospital	–	–	513	12	525
Other institutions	–	–	405	39	444

CARE COMMITTEE FOR TUBERCULOSIS PATIENTS

The voluntary Care Committee works in close co-operation with the City Health Department. Accommodation for the almoner is provided at the central municipal anti-tuberculosis centre. Her salary and transport allowance is defrayed by the Local Authority.

The number of families assisted by monetary grants was 601.

The work done during the year is as follows:–

Families helped by payment of rent ... ..	115
"      "      " maintenance grants ... ..	100
"      "      " rent & maintenance grants ... ..	135
"      "      " payment of foster-mothers ... ..	–
"      "      " provision of clothing and blankets ... ..	54
No. of articles of clothing distributed ... ..	218
No. of blankets distributed ... ..	26

ALMONER :

Visits paid ... ..	979
Interviews given ... ..	1919
New cases ... ..	388

There was a daily average of 68 children attending the Bokmakirie Creche which is under the control of the Care Committee for tuberculosis patients. These are children of tuberculous parents who, although showing no signs of the disease, have been exposed to considerable infection. The object is to keep the children in healthy surroundings while the parents are undergoing treatment, usually in hospital, or where the mother is obliged to go to work to augment the family income.

The Athlone Nursery School financed and run by the Cape Province Tuberculosis Council, provided accommodation for 36 infants and children each day. This department and the public owe a considerable debt of gratitude to this body for the preventive work which is being carried out in this institution so successfully-



MASS RADIOGRAPHY SERVICE

The Mass Radiography Service is situated at the main tuberculosis clinic in Chapel Street, Cape Town, and has been a free service to all industrial and other groups in the municipal area since April, 1948. From its inception it has proved extremely popular and has shown considerable growth over the years,

Comparative figures for miniature examinations are shown below according to race and sex.

TABLE P

Period	White		Non-White		Total
	Males	Females	Males	Females	
Year 1949 – 50	10066	7999	12869	4449	35383
” 1954 – 55	14668	10643	19839	15877	61027
” 1960	13254	8220	22286	24363	68123
” 1962	12156	7956	27496	23252	70860
” 1963	12930	8163	27318	24581	72992
” 1964	12609	8348	29754	26561	77272
” 1965	11263	6849	29242	26842	74196

In addition to the 74196 miniature film examinations made during the year, 2808 large films were taken as compared with 2948 in the previous year.

2093 of those X-rayed were recalled for further examination. Of this number 557 were found to be suffering from active tuberculosis, compared with 628 in the previous year. This represents 0.8 per cent of the 74196 miniature films examined.

Comparative figures for the incidence of active pulmonary tuberculosis discovered in the various age groups are given in the following table for a series of years.

TABLE Q

Year	Race	Active tuberculosis discovered									Extra municipal cases (included in foregoing)			
		Age-groups								Total				
		15-24 years		25-34 years		35-44 years		45 and over						
		M.	F.	M.	F.	M.	F.	M.	F.		M.	F.	M.	F.
1949-50	White	16	24	13	13	10	6	7	-	46	43	11	5	
	Non-White	65	55	98	11	66	12	32	32	261	80	49	11	
	All races	81	79	111	24	76	18	39	2	307	123	60	16	
1954-55	White	13	14	22	15	14	2	14	2	63	33	15	9	
	Non-White	79	82	110	69	53	15	34	6	276	172	85	23	
	All races	92	96	132	84	67	17	48	8	339	205	100	32	
1960	White	2	8	9	5	2	2	10	3	23	18	7	4	
	Non-White	57	92	96	67	63	23	40	8	256	190	44	33	
	All races	59	100	105	72	65	25	50	11	279	208	51	37	
1964	White	9	7	6	2	5	4	14	1	34	14	10	3	
	Non-White	76	85	134	68	110	24	75	8	395	185	65	24	
	All races	85	92	140	70	115	28	89	9	429	199	75	27	
1965	White	3	3	1	5	3	-	14	3	21	11	8	1	
	Non-White	63	67	104	56	120	21	85	9	372	153	59	23	
	All races	66	70	105	61	123	21	99	12	393	164	67	24	

Of the 557 cases of pulmonary tuberculosis discovered, 105 were previously known. As in the past many of these new cases denied having any symptoms. The number of cases with extensive disease now being discovered is much lower than in earlier years, due in the main to the co-operation of many employers in making time available for having their employees examined at regular intervals.

In the year under review, 91 extra-municipal cases of tuberculosis were discovered compared with 102 in the previous year. All were notified and referred to their own local authority for treatment and supervision.

SECTION VII. – VENEREAL DISEASE

(Dr. A.J. Wilson, Venereal Disease Officer.)

The year under review shows an increase of 922 new cases attending the municipal treatment centres compared with the previous year. 403 new White cases were registered during the year as against 372 for the previous year. 6,903 new non-White cases attended as against 6,012 for the previous year.

The total attendances numbered 26,771 (1,636 White and 25,135 non-White) as compared with 23,706 in 1964, 21586 in 1963, and 18,183 in 1962.

The number of new cases of syphilis increased by 491, while 109 recorded cases of congenital syphilis occurred as against 60 for the previous year. Practically the entire increase in syphilis is accounted for by a 56 per cent increase in the number of new non-White female cases, with male and female new cases now in almost equal proportions. This may be an indirect consequence of greater persistence in extracting information regarding contacts, but it should also be borne in mind that during the post-war years the number of new non-White female cases was double that of males.

TABLE 1

	1965		1964	
	New cases	Incidence rate	New cases	Incidence rate
<i>Race:</i>				
White ... ..	403	2.0	372	1.9
Non-White ... ..	6903	17.4	6012	15.6
<i>Sex:</i>				
Male ... ..	5047	17.2	4775	16.8
Female ... ..	2259	7.5	1609	5.4
<i>Diseases:</i>				
Syphilis ... ..	2599	4.4	2108	3.6
Syphilis , congenital ...	109	0.2	60	0.1
Gonorrhoea ... ..	3523	5.9	3448	5.9
Other venereal diseases	96	0.2	41	0.1
Non-venereal diseases	802		563	
Undiagnosed ... ..	177		164	
All new cases ... ..	7306	12.3	6384	11.0

The true incidence rate for diagnosed cases of venereal disease, that is, the rate obtained by omitting those cases found not to have venereal disease and those remaining undiagnosed, was 10.6 per 1,000 population (1.7 White and 15.1 non-White). Last year the true incidence rates were 9.7, 1.6 and 13.9 respectively .

As venereal disease is not, except under certain specific circumstances, one of the notifiable infectious diseases, it should be realised that these rates are based on the number of individuals treated for venereal disease at the municipal treatment centres and take no cognisance of persons who might be treated by their family practitioners.

A record of new cases of venereal disease and the incidence rates for the municipality of Cape Town are set out in the following table for a series of years.

TABLE II

Year	Total new cases*	Population (including Bantu Townships)	Incidence rate per 1,000 population
1930 ... ..	3316	262192	12.6
1940 ... ..	4212	322813	13.1
1950 ... ..	4461	424207	10.5
1955 ... ..	3208	490992	6.5
1960 ... ..	3227	519171	6.2
1962 ... ..	4080	551450	7.8
1963 ... ..	5016	571440	9.0
1964 ... ..	5657	580430	9.7
1965 ... ..	6327	594640	10.6

\*Excluding non-venereal and undiagnosed cases.



TABLE III

Disease	New cases					Total attendances				
	White		Non-White		Total	White		Non-White		Total
	M.	F.	M.	F.		M.	F.	M.	F.	
1 Seronegative primary Syphilis ... ..	18	3	376	61	458	95	5	1529	214	1843
2 Seropositive primary Syphilis ... ..	29	3	523	89	644	171	26	2000	423	2620
3 Secondary syphilis	5	3	150	262	420	34	40	823	1553	2450
4 Tertiary syphilis (1)	1	—	15	12	28	13	12	134	132	291
5 Endosyphilis (2) ...	8	6	170	844	1028	65	37	971	3434	4507
6 Neurosyphilis ...	1	—	17	3	21	11	—	266	57	334
7 Congenital syphilis (under 1 year) ...	—	—	49	46	95	—	—	321	271	592
8 Congenital syphilis (over 1 year) ...	—	2	4	8	14	—	9	30	75	114
Total	62	17	1304	1325	2708	389	129	6074	6159	12751
9 Gonorrhoea ...	221	18	3028	232	3499	637	68	6091	567	7363
10 Gonococcal vulvovaginitis ... ..	—	2	—	15	17	—	7	—	46	53
11 Gonococcal ophthalmia ... ..	—	1	—	6	7	—	1	—	12	13
Total gonorrhoeal infections ...	221	21	3028	253	3523	637	76	6091	625	7429
12 Ulcus molle ...	12	—	31	7	50	12	—	45	10	67
13 Lymphopathia venereum ... ..	—	—	—	—	—	—	—	—	—	—
14 Granuloma venereum	—	—	—	—	—	—	—	—	—	—
15 Venereal warts ...	3	—	19	24	46	4	—	43	48	95
Total venereal diseases ...	298	38	4382	1609	6327	1042	205	12253	6842	20342
16 Non-gonococcal urethritis ... ..	11	—	20	—	31	27	—	81	10	118
17 Non-venereal disease	26	22	216	507	771	45	60	313	888	1306
18 Undiagnosed ...	7	1	87	82	177	182	75	2531	2217	5005
Grand Total	342	61	4705	2198	7306	1296	340	15178	9957	26771

- (1) Clinically recognizable.
- (2) Diagnosed on result of serological test alone.

The following table shows how the number of new cases of venereal disease attending the centres is again increasing.

TABLE IV

Year	New cases																Total
	Syphilis, congenital				Syphilis, other forms				Gonorrhoeal infections				Other venereal diseases				
	W.		N-W.		W.		N-W.		W.		N-W.		W.		N-W.		
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
1945	2	11	120	263	93	51	758	1353	191	31	528	123	8	1	51	7	3591
1950	5	5	149	338	96	25	809	1479	167	12	1141	146	15	—	61	13	4461
1955	1	—	5	45	15	12	290	506	175	12	1840	90	53	1	111	52	3208
1960	1	—	9	6	18	8	291	419	180	4	2109	144	2	—	31	5	3227
1962	—	—	11	9	30	9	547	561	216	20	2425	233	4	—	13	2	4080
1963	—	—	28	19	35	12	813	623	228	28	2845	324	5	1	26	29	5016
1964	—	—	28	32	68	11	1212	817	217	18	2901	312	5	1	21	14	5657
1965	—	2	53	54	62	15	1251	1271	221	21	3028	253	15	—	50	31	6327

INCIDENCE AMONG TEEN-AGERS

The following figures, extracted from Table III, give some indication of the extent of venereal disease among teen-agers. There has been an increase of 71 such cases seen, compared with the previous year, and the total of 864 new cases comprises 11.8 per cent of all new cases seen at the clinics. The greatest increase occurred in the non-White male 19 year age group.

New cases, teen-agers.

		Syphilis	Gonorrhoea	Undiagnosed non-venereal	Total
White	Males	8	29	5	42
	Females	3	4	5	12
Non-White	Males	173	350	43	566
	Females	164	33	47	244
Total		348	416	100	864

These new cases are classified by age as follows:—

Age in years	White		non-White		Total
	Male	Female	Male	Female	
13	—	—	6	2	8
14	—	—	5	6	11
15	—	—	8	11	19
16	5	—	47	34	86
17	4	2	85	41	132
18	15	6	175	76	272
19	18	4	240	74	336
Total	42	12	566	244	864

MUNICIPAL TREATMENT CENTRES

Accommodation provided for the venereal disease Branch at the new polyclinic buildings at Guguletu and Silvertown was brought into use during August 1965 for female sessions only. Six municipal treatment centres now function for free advice and treatment of venereal disease, i.e. at the City Infectious Diseases Hospital, Salt River, Wynberg, Kensington, Guguletu and Silvertown. During the year, 24 medical sessions (6 White and 18 non-White) were held each week.

Table V shows the number of new cases (including non-venereal) registered at the various municipal treatment centres, together with the number of attendances or consultations held. It should be noted that male and female sessions for Whites and non-Whites are held at the City Hospital and Wynberg centres, male and female sessions for non-Whites together with a White female session at Salt River, male and female sessions for non-Whites only at Kensington and female sessions for non-Whites only at Guguletu and Silvertown.

TABLE V

Centre							Sessions	New cases	Attendances
City Hospital, Portswood Road ... ..							382	1442	5379
Salt River ... ..							343	3690	12540
Wynberg ... ..							293	1248	5351
Kensington ... ..							102	286	1447
Guguletu ... ..							21	93	345
Silvertown ... ..							16	133	547
Pre-natal clinics (at child welfare centres) ...							—	414	1162
Total							1157	7306	26771

VENEREAL DISEASE CONTACTS

Where definite information regarding contacts can be supplied, the patient is requested to persuade the contact to attend the clinic with an identification slip provided for the purpose. During the year, 441 such persons responded as shown below. Although this compares favourably with the figure of 448 in the previous year, the number of 6327 new cases registered leaves a balance of unknown reservoirs of infection which is quite formidable.



TABLE VI

Contact	Total	Syphilis	Gonorrhoea	Other venereal disease	Unresolved
Husband	46	36	7	—	3
Wife ... ..	184	64	115	1	4
Friend ... ..	139	56	82	—	1
Other ... ..	73	33	37	—	3
Total ... ..	442	189	241	1	11

PATHOLOGICAL EXAMINATION

In order to establish an early diagnosis, microscopic examinations of sores and discharges are carried out at all clinic sessions. The number of such examinations during the year was as follows:—

TABLE VII

	Positive	Negative	Total
Number of dark-ground examinations for Sp. Pall	936	182	1118
Number of smear examinations for gonococci	3241	99	3340

In addition, 9826 blood specimens and 773 smears were sent to the Government laboratory for examination.

SECTION VIII – CITY HOSPITALS

(DR. H.R. ACKERMANN, M.B., CH.B., T.D.D., F.C.C.P., MEDICAL SUPERINTENDENT OF HOSPITALS)

The city group of hospitals consists of the following institutions:—

- (1) The City Hospital for Infectious Diseases in Portswood Road, Cape Town.
- (2) The Brooklyn Hospital for Chest Diseases at Koeberg Road, Brooklyn.

CITY HOSPITAL FOR INFECTIOUS DISEASES, PORTSWOOD ROAD

The hospital provides accommodation for 518 patients. Ordinarily, patients suffering from the following diseases can be admitted to the hospital: enteric fever, diphtheria, erysipelas, puerperal fever, cerebrospinal fever, acute poliomyelitis, infective encephalitis and scarlet fever. Cases of other infectious diseases are admitted for special medical or social reasons. Accommodation is also provided for cases of pulmonary tuberculosis.

The medical staff at the 31st December, 1965, consisted of the Medical Superintendent of Hospitals, Deputy Medical Superintendent and six medical officers.

HOSPITAL STATISTICS

The daily average beds occupied in the City Hospital, Portswood Road, and Brooklyn Hospital in the year under report was as follows:—

Disease	From Cape Town Municipality		From outside Municipality	
	White	Non-White	White	Non-White
Measles ... ..	0.3	7.4	0.2	5.4
Acute poliomyelitis ... ..	—	1.4	0.1	2.9
Cerebrospinal fever ... ..	0.1	1.5	0.2	1.2
Diphtheria ... ..	0.6	1.6	0.3	2.9
Enteric fever ... ..	0.1	2.6	0.2	2.5
Scarlet fever ... ..	0.8	0.3	0.6	0.1
Whooping cough ... ..	0.4	1.5	0.2	0.8
Tuberculosis, pulmonary ...	38.8	358.9	23.6	65.4
Tuberculosis, other forms ...	—	31.9	0.9	11.6
Other diseases ... ..	0.5	2.9	0.6	1.8
Total	42	410	27	95

The average daily number of patients in the hospital (exclusive of Brooklyn Hospital) was 305

Patients treated in City Hospital during the year:—

	White		Non-White		Total
	M.	F.	M.	F.	
Patients in hospital 31st Dec., 1964	27	29	64	171	291
Admitted ... ..	164	118	379	627	1288
Discharged ... ..	132	114	332	570	1148
Died ... ..	15	4	43	52	114
In hospital 31st December, 1965	44	29	68	176	317

Age grouping of patients

	Under 5 years	5-14 years	15-24 years	25-44 years	Over 45 years	TOTAL
White ...	78	37	51	81	91	338
Non-White	711	142	151	188	49	1241
TOTAL ...	789	179	202	269	140	1579

X-RAY DEPARTMENT AND CLINICAL ROOM

This department is available not only for in-patients but also for out-patients from this and other hospitals, and for cases referred from the tuberculosis clinic.

	White	Non-White	Total
Attendances ... ..	3896	11689	15585
<i>Clinical room:</i>			
Screenings ... ..	3	8	11
Refills ... ..	4	4	8
Surgical consultations ... ..	58	130	188
Clinics ... ..	379	460	839
Mantoux tests ... ..	195	152	347
Schick tests ... ..	81	85	166
Special injections (bronchograms)	21	31	52
Other injections ... ..	355	644	999
<i>X-ray department:</i>			
X-rays ... ..	3649	10960	14609
Bronchograms... ..	27	37	64
Tomograms ... ..	60	70	130
Miniature X-rays ... ..	—	474	474
Special X-rays ... ..	220	519	739

OPERATING THEATRE

The operations performed during the year were as follows:—

Bronchoscopy ... ..	4
Cystoscopy ... ..	1
Excision of gland ... ..	2
Evacuation & curettage of tubercular osteitis and humerus ... ..	1
Gastrectomy ... ..	1
Hysterectomy ... ..	1
Incomplete abortion ... ..	1
Intestinal obstruction ... ..	2
Laparotomy ... ..	1
Radical mastoidectomy ... ..	3
Reduction of fracture ... ..	3
Removal of clamp from jaw ... ..	1
Removal of granuloma ... ..	1
Resuture of abdominal wound ... ..	1
Termination of pregnancy ... ..	1
Tracheotomy ... ..	1

DENTAL CLINIC

The dental officer attends periodically and provides dental attention for tuberculosis inpatients.

During the year under report 166 patients attended for dental treatment. Further details are shown in the table on page 42 .



BROOKLYN HOSPITAL FOR CHEST DISEASES

This hospital with its medical and nursing staff falls under the general supervision of the Medical Superintendent of Hospitals, and is dependent on the City Hospital for dispensary services only.

The total number of beds available is 330, and the hospital caters for non-White males only, except in the surgical ward where there are 11 beds for non-White females and 11 beds for non-White males.

The average daily number of in-patients during the year was 268.

Staff: The sudden death of the Deputy Medical Superintendent in February aggravated the existing shortage of medical staff, but early in the second half of the year, a new incumbent was appointed as Deputy Medical Superintendent together with two new medical officers, bringing the staff up to the full quota of six.

As a serious shortage of trained nurses persisted until November, no thoracic surgery could be performed up to this period.

Laundry. The laundry caters for both the City and Brooklyn Hospitals.

Quarterly figures	Articles	Bags
1st Quarter	238579	1948
2nd Quarter	232591	2317
3rd Quarter	242062	2429
4th Quarter	243873	1819
	957105	8513

Patients treated in Brooklyn Chest Hospital during the year were as follows:—

	Males	Non-Europeans only Females	Total
In hospital 31st December,1964	254	—	254
Admitted ... ..	523	28	551
Discharged... ..	434	28	462
Died ... ..	83	—	83
Remaining in hospital at end of year ... ..	260	—	260

EXAMINATIONS AND TREATMENT

	Staff	In- patients	Out- patients	Total
Examinations ... ..	71			71
Sick parade ... ..	496			496
Mantoux tests ... ..	121			121
Blood sedimentations ... ..	15		2	17
Special injections ... ..	64			64
Barium swallow ... ..		5		5
Skull ... ..		4		4
Mandible ... ..		1		1
Encephalogram ... ..		1		1
Urethral dilation			1	1

DENTAL CLINIC

	New cases	Extractions	Other	Total
Adults ... ..	89	68	107	175
Children ... ..	13	10	16	26
Sessions ... ..				12

X-RAY DEPARTMENT

	Skia- grams	Broncho- grams	Tomo- grams	Surgeons' Consul- tations	Ortho- paedic	Special Examina- tions
Staff ...	720				15	
In-patients	2229	39	78	43	68	38
Clinic (B.C.H.)	22		18	1	3	4
Ex Chapel Street Langa, City ) Hospital, Wyn- ) berg & Athlone )	301					
Divisional Council	661					
F.O.S.A.	364					
Windermere and Guguletu	1425					

OPERATING THEATRE

Major Thoracic.

Pneumonectomy	...	...	...	...	...	...	1
Lobectomy	...	...	...	...	...	...	2
Thoracoplasty & closure of fistula	...	...	...	...	...	...	1

Minor Thoracic.

Bronchoscopy	...	...	...	...	...	...	13
Oesophagoscopy	...	...	...	...	...	...	1
Tracheotomy	...	...	...	...	...	...	5

Major general	...	...	...	...	...	...	38
Minor general	...	...	...	...	...	...	25
Orthopaedic	...	...	...	...	...	...	5
Urological	...	...	...	...	...	...	28
Gynaecological	...	...	...	...	...	...	10

AMBULANCE AND DISINFECTING STATION

This is situated in the grounds of the City Hospital, Portswood Road. There is garage accommodation, in which are housed (besides other departmental cars) three ambulances for the removal of cases of infectious disease, two vans for the transport of infectious and disinfected bedding, and one van for the distribution of supplies to the municipal hospitals and clinics.

The disinfecting station contains two Washington-Lyon pressure steam disinfectors and a formalin fumigating chamber.

The ambulance and disinfecting service is staffed by the ambulance officer, disinfection officer, five motor drivers and two labourers. This staff is also responsible for the disinfecting of houses and other premises for infectious diseases and other conditions. A fitter, assisted by a boiler attendant and labourer, is in charge of the disinfecting station. The disinfection of bedding, etc. for both the hospitals is also done at the disinfecting station. The general ambulance service for the city is operated by the Town Clerk.

The work done during the year by the ambulance and disinfecting service is indicated by the following figures:—

Ambulance journeys (return)		Premises disinfected	
To City Hospital	To other hospitals or premises	For tuberculosis	For other infectious diseases
957	189	515	408

1714 Patients were conveyed in the three departmental ambulances, involving a total distance of 24685 miles.

The distance covered during the year by the vans and ambulances was 160791 miles.

SCABIES AND PEDICULOSIS

(CLEANSING STATION)

The cleansing station at 15 Cowley Street, Cape Town, is provided for the disinfection of verminous persons and their clothing. It is in the charge of a superintendent, who works under the supervision of a medical officer, and has two non-White assistants. The work consists mainly of the treatment of scabies, which is more prevalent in Cape Town than pediculosis.

The attendances in the year under report were as follows:—

Persons	First attendances						Total attendances					
	Sca-bies	Impe-tigo	Body lice	Ring worm	Head lice	Total	Sca-bies	Impe-tigo	Body lice	Ring worm	Head lice	Total
<i>Children under 16 years of age:</i>												
White boys	...	...	...	...	...	...	...	...	...	...	...	...
White girls	...	...	...	...	...	...	...	...	...	...	...	...
Non-White boys	580	97			14	677	2238	428			14	2666
Non-White girls	494	104				612	1836	460				2310
Total Children	1074	201			14	1289	4074	888			14	4976
<i>Adults:</i>												
White males	2					2	7					7
White females	...	...	...	...	...	...	...	...	...	...	...	...
Non-White males	75	2				77	252	20				272
Non-White females	144	7			2	153	359	14			2	375
Total Adults	221	9			2	232	618	34			2	654
<i>Total persons:</i>												
White	2					2	7					7
Non-White	1293	210			16	1519	4685	922			16	5623
All races	1295	210			16	1521	4692	922			16	5630



The number of scabies sufferers attending the Cleansing Station increased slightly compared with the previous year, but is still much lower than has been the case in the past. The Cleansing Station only covers the local area of District Six, Woodstock, Salt River and Observatory, but scabies is also treated where necessary at the child welfare centres in other areas.

SECTION IX. – ENVIRONMENTAL SANITATION

ESTABLISHMENT

On 31st December, 1965, the staff of health inspectors was as follows:–

	Authorised	Actual
Chief Health Inspector ... ..	1	1
Senior assistant chief health inspector...	1	1
Assistant chief health inspector ... ..	1	1
Divisional health inspectors ... ..	5	5
Health inspectors (White) ... ..	33	22
Health inspectors (Coloured) ... ..	4	4
Health inspectors (Bantu) ... ..	3	2
Learner health inspectors ... ..	7	5 (White)
Dairy inspectors ... ..	3	3
Pest control inspectors ... ..	3	3

My 1964 annual report foreshadowed the appointment of a additional pest control officer to assist with the scrutiny of plans at Building Survey Branch, owing to the increasing number of plans being submitted for approval.

As recorded in a later section. there was in fact a drop of 834 plans during 1965, accounted for by the imposition of building control by the Government as an anti-inflationary measure. As a result it was not necessary to proceed with the additional appointment. Should building control be relaxed and the number of plans submitted again increase, the position will have to be reviewed.

Two of the Coloured learner health inspectors qualified during the year under review and were appointed to the grade of qualified health inspectors, thus leaving two vacancies for learner health inspectors. I am unable to fill these posts as no first year health inspectoral course was available at the Cape Technical College for either White or Coloured health inspector trainees. It is problematical when a further course will be held for Coloured inspectors but it is anticipated that a course for White inspectors may be available in 1967 when the present three-year part time course has concluded.

As anticipated, I must record an inevitable shortfall on my health inspector establishment at the end of 1965 as follows:–

White health inspectors ... ..	11
Bantu health inspectors ... ..	1

My Assistant Chief Health Inspector secured a higher grade post as Assistant Manager, Cleansing Services, in the City Engineer’s Department, and was followed by my then plans scrutiny officer to a higher grade post as Divisional Superintendent in the same Branch. Two other incumbents transferred to the Abattoirs Branch, and the remainder to other local authorities and the South African Bureau of Standards, where basic salaries and other fringe benefits were much higher than applied in this Department’s service. The Department cannot continue to function efficiently when losses of such magnitude, including much of the cream, is permitted to drain away.

It is to be hoped that the long awaited hearing by the Industrial Tribunal Council, and its award, will have the effect of stopping the drain on my staff and restoring the position previously existing, and thereby relieve the ever increasing burden on “THE FEW”.

SCOPE OF WORK

The work carried out by the various sections of the inspectorate branch are set out in the schedules which follow.

Food, Drugs and Disinfectants Act.

The number of free samples that could be examined for the municipality by the Government Chemical Laboratory was fixed at 766 by Government Notice No. 997 of 11th July, 1958. Sampling duty is undertaken by the five divisional inspectors plus eight senior health inspectors with transport allowance. It became necessary to increase the number of sampling officers in view of the increasing volume of work and the added responsibilities of the divisional health inspectors.

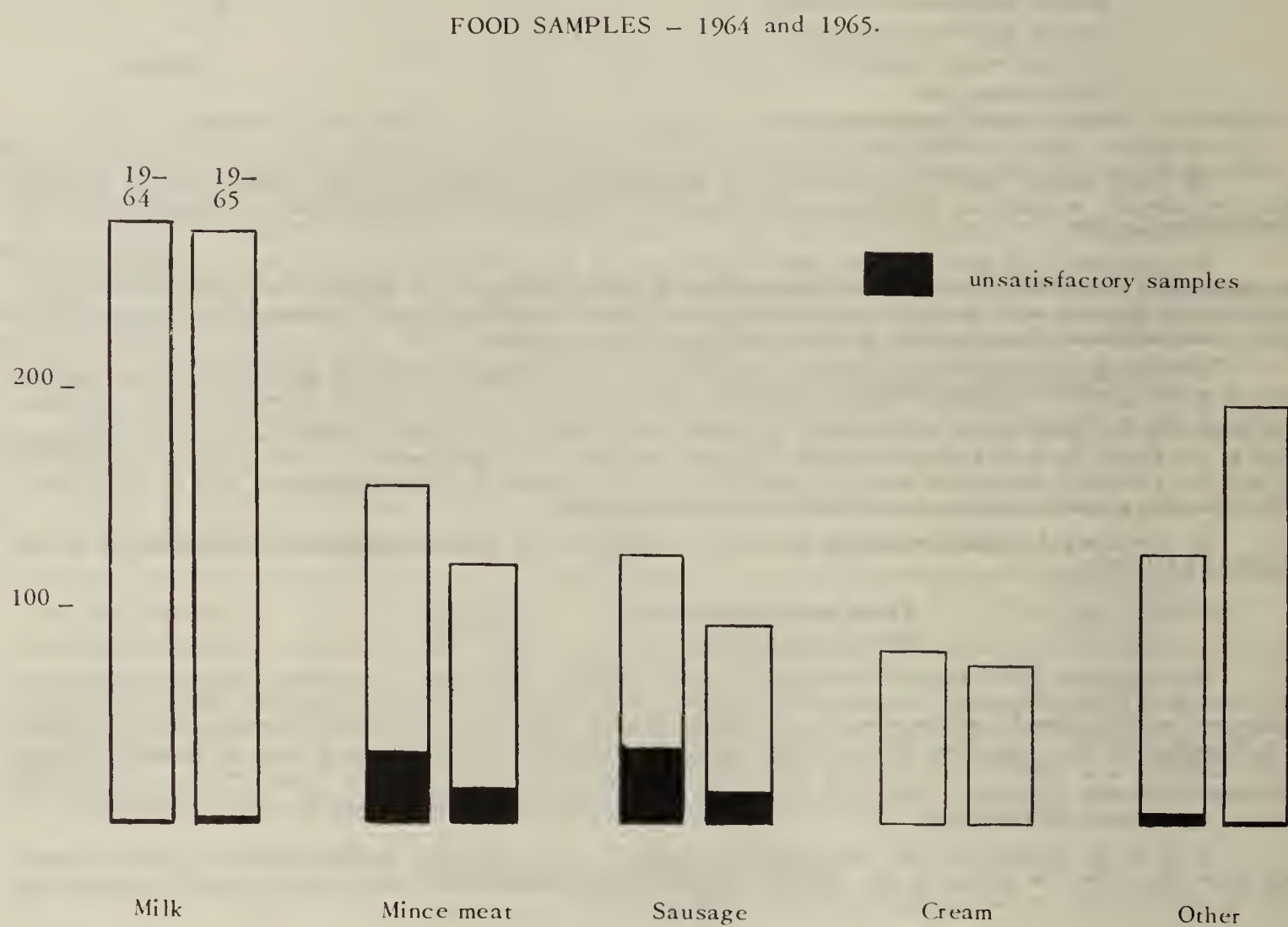
The following is a record of the samples taken during the year:–

Name of Samples	No. of samples	Adult-erated	Prose-cuted	Warned	Dis-charged	Fines R
Milk ... ..	278	1	1		1	
Sausage... ..	92	17	15			455
Mince meat ... ..	120	18	15			365
Cream ... ..	72					
Polony ... ..	16					
Ice cream ... ..	33					
Yoghourt ... ..	34					
Fresh meat ... ..	10	1		1		
Buttermilk ... ..	43					
Cheese ... ..	54					
Other ... ..	3					
	755	37	31	1	1	820

In five cases of adulteration, prosecution was not instituted by the S.A. Police within the time limit laid down in the Act. The case which was lost in Court was later referred to the Attorney General for review, who advised the Municipality that the nature of the case was not so important as to justify an appeal, but undertook to improve the checks carried out by Public Prosecutors on all applications for summons.

*Pest control officers.*

The two pest control officers primarily responsible for the rodent, mosquito and cockroach control measures in the city are assisted by 24 Cape Coloured rodent operatives, whose duties involve routine block-baiting with Warfarin and its derivatives for rodent control. In the year under review 36240 lbs. of bait were laid.





The following schedule details the rodent control work carried out by this section during the year under review.

Inspections by pest control officers:

Re rodents	...	...	...	10483
Re mosquitoes	...	...	...	632
				11115

Inspections re rodents by other inspectors	...	103
Inspections re mosquitoes by other inspectors...	...	642

Visits made to lands and premises by rat-catchers:

Re rodents	...	...	...	78256
Re mosquitoes...	...	...	...	21642
				99898

Number of notices served by pest control officers:

Verbal notices...	...	...	—
Written notices	...	...	1

Number of rodents caught and destroyed:

Brown rats	...	...	...	6617
Black rats	...	...	...	625
Gerbilles	...	...	...	988
				8230

The figures given above as to rodents destroyed include only the number of animals whose dead bodies were actually recovered. There is no reason to doubt that many more were destroyed by the methods employed.

The increase in the number of gerbilles destroyed is probably accounted for by the recent incorporation of an additional rural district into the municipal area.

The rodents destroyed and recovered are shown in the following table:—

Year				Brown rats	Black rats	Gerbilles	Total
1926	...	...	...	8409	1206	3430	13045
1936	...	...	...	3757	3240	610	7607
1946	...	...	...	9082	1879	287	11248
1956	...	...	...	4868	1487	1489	7844
1960	...	...	...	6266	957	821	8044
1963	...	...	...	5371	269	1106	6746
1964	...	...	...	6114	324	822	7260
1965	...	...	...	6617	625	988	8230

MOSQUITOES

The pest control officers specialise also in anti-mosquito work. They investigate local prevalence of mosquitoes discovered through complaints or systematic inspections. They also control permanent anti-mosquito measures in the Black River valley, extending from the Bokmakirie Township to the Royal Observatory, as well as giving attention to seasonal collections of standing water and other known mosquito breeding foci within the municipal area. Four of the ratcatching staff under their control devote the whole of their time to oil-spraying of waters where mosquitoes are likely to breed. In addition to these four operatives, another employee carries out regular oil treatment of standing water at the sewage disposal works at Athlone.

The increasing popularity of private swimming pools has increased the number of potential breeding places and added to the burden of mosquito control.

COCKROACHES

In addition to dealing with anti-rodent work and mosquito control, an increasingly important section of environmental sanitation has been the control of cockroaches in food establishments and foul and stormwater sewers.

These tasks are shared by the district health inspectors and the pest control officers. Where infestation is traced to the municipal sewers control measures are carried out by the City Engineer's Roads and Drainage staff.

During the year under review, the Roads and Drainage staff detailed to control cockroach infestation in the sewers, foul and stormwater, in the area from Bakoven to Woodstock, completed their task with very satisfactory results.

Complaints of cockroach infestation are investigated jointly by the City Engineer's Department and this department, and appropriate action taken according to locality of any infestation discovered.

PLANS

The pest control officer seconded to the Building Survey Branch of the City Engineer's Department, assisted by the additional senior health inspector, made 2289 scrutinies of plans and minor work permits during 1965 compared with 3123 in the previous year.

District health inspectors.

The inspections recorded as made by the district health inspectors during the year were as follows:—

Aerated water factories	...	...	...	169
Bakehouses	...	...	...	437
Boarding houses and hotels	...	...	...	2412
Chalets	...	...	...	6632
Dairy stables	...	...	...	3184
Foodshops	...	...	...	36179
Other shops	...	...	...	11913
Hawkers	...	...	...	2738
Horse stables and cattle premises	...	...	...	2924
House inspections	...	...	...	35473
Ice cream dealers	...	...	...	2495
Infectious diseases	...	...	...	580
Markets	...	...	...	2000
Milk shops	...	...	...	4530
Bantu vaccinated	...	...	...	21215
Office interviews	...	...	...	2045
Open land, beaches	...	...	...	5989
Places of entertainment	...	...	...	690
Refuse tips	...	...	...	624
Restaurants and cafes	...	...	...	8605
Schools	...	...	...	210
Streets and lanes	...	...	...	3186
Vehicles	...	...	...	3859
Washhouses	...	...	...	359
Other visits	...	...	...	6031
				164479

Particulars in connection with visits recorded in the above inspections:

Visits to premises where action was taken in connection with rodent infestation	...	...	101
Visits at which premises were disinfected	...	...	12
Drain tests carried out	...	...	59

The notices served by health inspectors during the year under review are enumerated below:—

Proceedings begun by:

Verbal notices	...	...	...	...	...	...	...	...	...	236
Formal written notices	...	...	...	...	...	...	...	...	...	1726
Total proceedings begun										1962

Written notices following verbal notices	...	...	...	...	...	...	...	...	...	2
--	-----	-----	-----	-----	-----	-----	-----	-----	-----	---

Total notices served:

Verbal notices	...	...	...	...	...	...	...	...	...	236
Formal notices	...	...	...	...	...	...	...	...	...	1871

The number of items included in the 2107 notices were as follows:—

			Drainage	Household	Business	Stable	Other	Total
Ward	1	...	7	17	11	—	4	39
Ward	2	...	3	46	27	—	9	85
Ward	3	...	5	40	48	—	5	98
Ward	4	...	8	82	22	—	6	118
Ward	5	...	21	112	35	2	11	181
Ward	6	...	27	176	65	3	20	291
Ward	7	...	11	76	19	—	18	124
Ward	8	...	15	66	88	1	15	185
Ward	9	...	3	9	10	—	12	34
Ward	10	...	20	78	90	2	19	209
Ward	11	...	4	19	8	—	5	36
Ward	12	...	4	30	28	—	10	72
Ward	13	...	7	47	78	6	11	149
Ward	14	...	19	59	137	1	17	233
Ward	15	...	5	72	84	1	46	208
Total			159	929	750	16	208	2062

Other defects were dealt with by the inspectors by reports for transmission to the City Engineer and other departments of the Corporation as follows:—

Stopped drains	...	...	...	208
Defective water fittings	...	...	...	16
Unauthorised structures	...	...	...	51
Undrained premises	...	...	...	24
Structural defects to premises	...	...	...	23
Other defects	...	...	...	15



CASES BEFORE THE MAGISTRATES

The following table gives particulars of cases heard by the magistrates during the calendar year at the instance of the City Health Department. In most of the cases there were two or more separate counts; the counts are not enumerated in the table. In some cases more than one person was summonsed for the same offence; if any one accused was fined or reprimanded the case is recorded in the table accordingly, notwithstanding that the other accused may have been discharged.

Nature of offence	Number of cases					Total Fines R
	Total	Fined	Repri- manded	Dis- charged	With- drawn	
Dwelling-house premises in insanitary condition ... ..	8	8				115
Insanitary conditions or other offences at food premises ...	1	1				15
Selling foodstuffs in contravention of the Food, Drugs and Disinfect- ants Act: ... ..	31	30		1		820
Trading without licence... ..	2	1		1		6
Insanitary open ground ... ..	1	1				80

Delay is occasionally experienced in the institution of legal proceedings within the stipulated time in cases of contravention of the Food, Drugs and Disinfectants Act, resulting in the case having to be with-  
drawn.

Representations have frequently to be made to the Public Prosecutors so as to obviate valuable time expended by the inspectors and the Government Analyst coming to nought because someone in the Department of Justice has not complied with the provisions of the Act in so far as the serving of summons is concerned.

TRADING LICENCES

TEA SHOPS, CAFES, RESTAURANTS, EATING-HOUSES AND BOARDING HOUSES.

Municipal regulations provide for the annual licensing of these premises and the controlling of the equipment and management. Applications for licences are considered by the responsible committee after report by the Medical Officer of Health.

The following is an analysis of the applications dealt with during the year:—

	Restaur- ants	Tea Shops	Cafes	Eating- Houses	Boarding Houses
1. Applications received... ..	320	1250	66	32	208
2. Granting of licences recommended (without conditions)... ..	276	1083	46	27	187
3. Granting of licences recommended (subject to conditions) ... ..	44	167	20	5	21
4. Number under item 3 later reported as having complied with conditions ...	29	115	13	3	11
5. Refusal of licences recommended ... ..					
6. Applications withdrawn ... ..					

REGISTERED TRADES

*Mattress-makers, Laundries, Barbers and Hairdressers*

Government regulations regarding mattress-makers and upholsterers (Government Notice No. 1384 of 1938) prohibit any person from carrying on these trades unless registered annually by the Council. The municipal regulations prohibit any person from carrying on any laundry 'by way of trade or for purposes of gain', unless registered annually by the Council. The municipal regulations also prohibit any person from carrying on the trade or business of a barber or hairdresser unless registered by the Council.

	Mattressmakers and Upholsterers	Laundries	Barbers and Hairdressers
Applications received ... ..	22	29	484
Registration certificates issued ... ..	19	24	437
Registration granted subject to conditions	3	5	47
Registration refused ... ..			
Applications withdrawn ... ..			

Hawkers and Pedlars

The municipal regulations also require annual licences for hawkers and pedlars.

	Hawkers	Pedlars
1. Applications received ... ..	1491	464
2. Granting of licences recommended (without conditions) ...	617	445
3. Granting of licences recommended (subject to conditions)...	874	19
4. Refusal of licences recommended... ..	—	—
5. Number under items 3 and 4 later recommended ... ..	453	19
6. Applications withdrawn ... ..	—	—

TRADE LICENCES

The Registration of Business Ordinance, No. 15 of 1953, provides that a certificate must be obtained from the Council before a licence is issued to trade as a general dealer, fresh produce dealer, apothecary, baker, butcher, restaurant (etc.) keeper, hawker, pedlar, motor garage, or mineral water manufacturer or dealer and further that no application for such certificate shall be considered unless the Medical Officer of Health shall have reported that the premises are fit and suitable for the purpose, and that he knows of no reason why the licence should be refused on the grounds of public health. All applications for certificates are referred by the responsible committee to the Medical Officer of Health for report, and the consequent inspections involve a considerable amount of work on the part of the health inspectors.

The following is an analysis of applications for certificates dealt with during the year:—

	General dealers	Fresh produce dealers	Butchers	Bakers	Motor garages	Mineral water dealer	Mineral water manufacturers	Apothecary	Live Stock dealer
1. Applications received ... ..	1409	351	50	2	74	80	1	28	2
2. Granting of licences recommended (without conditions)	672	104	21		19	37		17	
3. Granting of licences recommended (subject to conditions)	735	246	29	2	55	42	1	11	2
4. Number under item 3 later reported as having complied with conditions	245	133	14	1	31	20	1	9	1
5. Refusal of licences recommended	2	1				1			
6. Applications withdrawn ... ..									

Food inspection.

The following foodstuffs were condemned as unfit for human consumption as the result of ordinary inspections by health inspectors and the market health inspector during the year.

				Weight (lbs)					Weight (lbs)
Fruit:—					Vegetables:—				
Pome ... ..				17330	Bulbs and leaves ... ..				27645
Drupe ... ..				8285	Flowers ... ..				3465
Citrus ... ..				33660	Leaves and stems ... ..				86157
Small fruit ... ..				1600	Roots ... ..				6195
Miscellaneous ... ..				22155	Seed fruits ... ..				212835
				83005	Tubers ... ..				12790
									349087
Other provisions:—									
Canned food ... ..				7703	Dried food ... ..				712
Canned milk ... ..				988	Fish ... ..				81078
Confectionery ... ..				126	Meat ... ..				1020
Delicacies ... ..				268	Poultry ... ..				1863
Sugar ... ..				289	Salt ... ..				2300
Eggs ... ..				250					96597



A greatly reduced amount of fruit and vegetables, mainly citrus, seed fruits and tubers, was condemned during the year at the municipal market by a member of the health inspectoral branch.

80,000 lbs. of deep frozen fish, which had been landed from a spanish trawler, were examined in one of the local cold stores. On cutting through a fish the appearance suggested that a certain amount of decomposition had occurred before deep freezing, such as would occur if the trawler had not landed her catch within 96 hours. Samples were sent to the Sea Fisheries Research Institute for analysis, which revealed an excess of ammonia, confirming that decomposition had occurred before deep freezing. The consignment was condemned as unfit for human consumption and dumped at sea.

#### MUNICIPAL WASHHOUSES

There are six washhouses in the municipal area, namely, at Hout Street, Hanover Street, Salt River, Mowbray, Claremont and Wynberg. At each of four washhouses there is a caretaker, and at two washhouses assistant caretakers. At Hanover Street washhouse the washing troughs are provided with steam, "hydro-extractors" and drying chambers. Ironing machines and electric irons are also available. The remainder are supplied with cold water only and drying and bleaching are done in the open air.

The charges for washing and ironing are: for washing 5c per day, and for ironing (including use of electric irons) 2c per hour at all the washhouses except Hanover Street, where the charges are 10c per half day for washing and ironing combined.

During 1964 the department was faced with demands by the Senior Government Factory and Machinery Inspector for additional sanitary facilities and new equipment, at an estimated cost of over R9,000, for the Hanover Street washhouse. This washhouse, which was erected in 1904, is situated in a very congested area of 'District Six' and has fulfilled a great need for the many individuals resident in this overcrowded section of the city.

During 1965 the Council decided to make funds available to meet the demands of the Senior Government Factory and Machinery Inspector and some work was completed by the end of the year, the balance to be completed during 1966.

The Mowbray washhouse was severely damaged by fire on the evening of Friday, 19th March, 1965, and the building has not been used since that date. The contents of the building, including large quantities of laundry which had been left there by the washerwomen, were destroyed. Facilities for the washerwomen using this washhouse were immediately provided at the Claremont washhouse.

Although most of the women using this washhouse come from the Athlone district some miles distant, the washhouse site is very conveniently situated for a built up White area from which most of the laundry emanates, and the responsible Committee of the Council decided to re-instate the washhouse. Re-building arrangements were put in hand immediately, but the washhouse was not ready for occupation by the end of the year.

The attendances and takings at the washhouse (including ironing rooms) during the year were as follows:—

			<i>Attendances</i>	<i>Money taken</i>
Hout Street	...	...	7668	488. 73
Hanover Street	...	...	6977	1490. 90
Salt River	...	...	3098	171. 75
Mowbray	...	...	2277	170. 28
Claremont	...	...	17945	1501. 60
Wynberg	...	...	6454	456. 68
			<hr/> 44419	<hr/> R 4279. 94

The usual annual drop of over 1,000 from the previous year's total of attendances at the washhouses continued.

#### INSPECTION OF MEAT AND OTHER FOODSTUFFS

The inspection of meat from animals killed at the municipal abattoir is under the control of the Director and Veterinary Surgeon. No animals may be slaughtered elsewhere in the Municipality, and all meat from animals slaughtered outside the City and brought in for consumption must be deposited at one of the depots appointed by the Council, where it is inspected and stamped.

##### *Butchers' Meat*

The following is a return of meats condemned at the abattoir with diseases discovered:—

	Beef	Mutton	Veal	Pork	Portions (weight)
Abscess ... ..	4716		1	22	
Actinomycosis ... ..	580				
Adenitis ... ..	4				
Anaemia ... ..	1				
Anaplasmosis ... ..	15	2	1		
Angiomatosis ... ..	156				
Bladderworm ... ..	2319			403	
Bruising ... ..	710	151	12	26	76624
Caseous lymphadenitis ...		89205			9602
Cirrhosis ... ..	1	1560	49	574	
Cysts ... ..	147	9151	5	2471	
Emaciation ... ..	1	119	1		
Fevered ... ..	67	123	51	9	
Flukes ... ..	1015	1188	4		
Gangrene ... ..	75	8	2	4	
Immaturity			16	4	
Inflammation ... ..	41		1	50	
Jaundice ... ..	26	224	68	3	
Leptospirosis ... ..				63	
Lymphadenitis ... ..				1	
Mastitis ... ..	2				
Melanosis ... ..	5				
Metritis ... ..	3	3			
Moribund ... ..		82		1	
Necrosis ... ..		190	25	3325	
Nephritis ... ..	2	148	7	2	
Oedema ... ..	3	9			
Pericarditis ... ..	78	1		81	
Peritonitis ... ..	16	24	6	19	
Pleurisy ... ..	19	310	16	599	6914
Pneumonia ... ..	44	450	99	1855	
Pyæmia ... ..	26	270	17	18	
Redwater ... ..	18			388	
Sarcosporidiosis ... ..	29			18	
Septicaemia ... ..	12	24	4	8	
Stilesia ... ..		76729			
Strongyles ... ..		442			
Tuberculosis ... ..	38		1	338	
Tumours ... ..	1	2			
Uraemia ... ..	1	5			
C. ovis ... ..		1			

FOOD VENDING MACHINES

Towards the end of 1964 my attention was drawn to a number of coin operated automatic food and beverage machines, fitted so as to provide hot soup, hot chocolate, hot coffee, tea and other beverages, which were being installed in some of the city's self-service restaurants and other food establishments.

With the introduction of this type of unit the risk had to be faced of possible food poisoning episodes occurring as the result of individuals purchasing contaminated hot foodstuffs of the types enumerated, therefrom. Therefore, from the Department's point of view and in the interest of public health, it was essential that such types of machine should be strictly controlled by regulation and licensing.

Because of the health hazards foreseen by this department, Regulation 1988 was compiled and finally promulgated in the Provincial Gazette on the 11th June, 1965. This Regulation controls the type of machine, the types of food to be dispensed, the premises on which such machine can be installed, and provides for the licensing of premises in which such food may be stored, prepared or manufactured. Foods of a perishable nature are subject to special precautions, and the siting of the machine is also controlled. The licence to operate an automatic coin operated food vending machine is subject to annual renewal. Up to the end of the year, 30 applications for the licensing of these machines had been received, but only one was finalised.

STABLE PREMISES

The municipal regulations empower the Council to prohibit the use for the keeping of animals, any stable, cowshed, pigstye, kraal, etc., which in its opinion is 'unfit, undesirable or objectionable by reason of its locality, construction or manner of use'. The City Council may also restrict the number or kind of animals to be kept at any such premises.

The stables closing orders served in 1962 on premises in the Maitland Brooklyn area and expiring in January, 1964, were again extended to 31st March, 1965.

The municipal stables in this area were closed at the end of April, 1965, and the animals dispersed to other municipal stables at Claremont and Wynberg.

The owners of stables housing race-horses again appealed to the Council for further extension of time and this was granted.

Stable closing orders were also served in respect of two stables in Prince George Drive, Wynberg, for closure at the end of 1965.



## BUTCHERS' DELIVERY VEHICLES

The application of Regulation 1970 relating to the conveying and handling for sale of meat intended for human consumption, in so far as delivery vehicles is concerned, resulted in a total of 194 meat delivery vehicles being licensed during 1965 as suitable for the purpose, 116 complying with the specification for light vehicles and 78 for heavy vehicles.

The Regulation specified that butchers' vehicles conveying for sale any meat intended for human consumption should be of the closed type so as to be rendered dust-proof and fly-proof; its internal walls, floor and roof constructed of non-corrodible metal with seamless joints and rounded at all corners, junctions and intersections, so as to be easily cleansed.

Provision was made for the complete separation of the driver's cab from the interior; as well as for carrying the carcasses suspended from non-corrodible bars and hooks sufficiently high enough to ensure floor clearance.

The Regulation stipulated the conveyance of offal in separate and approved containers, and that all vehicles with a payload of 20 cwt. or over should be insulated.

## MILK AND ICE CREAM

The Regulations governing the compulsory pasteurisation of all milk offered for sale in Cape Town (except milk from accredited disease-free herds, of which none is licensed at present) have been in force since 8th May, 1953.

Following initial difficulties a steady and progressive improvement in the bacterial quality of the milk as supplied to the public has resulted.

*Staff.*

One veterinary officer confines himself to the veterinary inspection of dairy cattle, the supervision of cowsheds of all producers who supply milk for consumption in the city, the supervision of all pasteurising plants, as well as ice cream factories. He is assisted by two full-time dairy inspectors in the inspection of producer's premises and one full-time dairy inspector who assists in the supervision of pasteurising plants and ice cream factories, in taking samples and in laboratory work. A laboratory technical assistant confines himself to the laboratory where tests are performed and recorded. At all times a very close linkage exists between the laboratory and the field workers of this Branch.

During the year under review the work listed below was carried out:—

Dairy farms licensed to sell milk in Cape Town	230
Average number of gallons of milk produced daily	61532
Average number of gallons of milk consumed daily	48493
Average number of gallons of milk surplus daily	13039
Total number of inspections on farms	2594
Herds inspected	66
Investigations on farms regarding high bacterial counts	192
Letters to milk producers regarding high bacterial counts	345
Recording of temperatures of mechanically cooled milk	187

*Raw milk*

Breed smears of 3,986 samples of milk were examined, of which 383 (9.6 per cent) were found to be unsatisfactory.

Mastitis was diagnosed in 127 (3.2 per cent) of these samples. Numerous pus cells were seen in 163 (4.1 per cent) of samples.

*Mastitis*

It was again decided to pay special attention to pus cells, and any count of 900,000 or more per ml. was noted and regarded as probably due to mastitis.

During the year gravitation cream smears were made from 246 composite bulk milk samples from producers representing 57,330 gallons. Mastitis was diagnosed in 43 (17.5 per cent) of these samples.

Whenever mastitis was diagnosed or numerous pus cells seen on milk smears in the laboratory, the producers were notified by letter and the herd examined. In this connection 293 letters were sent to producers and 98 visits paid. Prevention, diagnosis and treatment were then discussed with the farmers concerned.

*Brucellosis*

A total of 246 contagious abortion ring tests were performed on composite bulk milk samples from farms. 72 (29.3 per cent) tests indicated the presence of C.A. antibodies. Each positive test was followed up with an explanatory letter and a visit to the farm.

*Anthrax*

An outbreak of anthrax occurred on a dairy farm during November, 1965. The milk from this farm was not allowed into the city until seven days after the inoculation of all cattle on the farm with anthrax vaccine.

A circular letter was posted to each licensed milk producer advising him of the advantages of annual inoculation against anthrax.

*Bulk storage*

Bulk storage and delivery was considerably expanded. This system was originally commenced in 1961 due to the co-operation of the City Health Department, a progressive farmer, and a large milk distributor. During 1965, due to facilities offered by the milk Board, ten new bulk cooling and storage tanks were installed on farms. Transportation from the farm to the city is done by insulated road tanker.

One hundred and twenty nine improvements to the structure of farm dairies were made, due to the advice, or on instructions of, the Milk Control Branch.



On a number of occasions farmers appealed to this Branch for assistance and advice regarding their milk production. All such requests were investigated and the necessary advice furnished.

During the year, 12 producers installed milking parlours on their farms, bringing the total to 28 milking parlours in operation by the end of 1965.

#### *Control of pasteurised milk*

Pasteurising plants licensed and certified for 1965	...	7
Total number of visits to pasteurising plants	...	1792

During the year, one pasteurising plant closed down, leaving six plants in full operation.

#### *Phosphatase tests*

For the period under review, 1,484 phosphatase tests on pasteurised milk samples were carried out, of which 17 (1.1 per cent) proved to be under-pasteurised. Of these, two were grossly under-pasteurised, 6 were under-pasteurised, and 9 were very slightly under-pasteurised.

One hundred and seventy five phosphatase tests were performed on samples of cream. Of these, 10 were very slightly under-pasteurised and two under-pasteurised.

#### *Bacterial counts*

Breed smears of 1,801 samples were examined, of which 22 (1.2 per cent) were unsatisfactory.

#### *B. coli tests.*

598 tests were carried out, of which 214 (35.8 per cent) were unsatisfactory.

#### *Control of ice cream.*

The five licensed ice cream factories were visited on 222 occasions. Of the 303 samples of ice cream submitted to the phosphatase tests, one proved to be underpasteurised. Three hundred and thirty seven samples of ice cream were examined by the Breed smear method, thirteen of which proved unsatisfactory. Three hundred and fifty one B. coli tests were performed on samples of ice cream, of which 33 were unsatisfactory.

#### *Vi-tests.*

Vi-tests on 396 persons were carried out during the year.

#### *Veterinary and laboratory work*

The following additional veterinary and laboratory work was carried out during the year under review.

1. Numerous tests to determine the caustic concentration of the solution in sumps of bottle washing machines, and "lipstick" and bacteriological tests on milk bottles were again performed as part of the educational and instructional campaign for the benefit of the milk pasteurisers. These tests have assisted the Department in rectifying faults in the bottle cleansing and sterilising system.
2. "Bacto-strip" testing for B. coli. During the year numerous Bacto-strip tests were carried out and were again found to be most useful in illustrating the degree of B. coli contamination. This was of great propaganda value, especially to plant operators.
3. Antibiotics in milk. Four hundred and eleven tests were done to check for the presence of antibiotics in samples of raw milk. Twenty nine tests (7.1 per cent) indicated the presence of penicillin. Subsequent investigations on the farms confirmed the laboratory results.
4. Butterfat testing. During the year, 81 butterfat tests were done on producers and distributors milk. One test was unsatisfactory.
5. Abattoirs. The Veterinary Officer deputised for the Director of Abattoirs during that official's absence on leave or other duties.

## HOUSING

The greater part of the Cape Town Municipality consists of houses built of masonry according to the standards of the time of their erection, served by the municipal water supply and water-carriage sewerage. and with well-constructed streets. Most of the dwellings are separate houses built for one family each, detached, semi-detached or in terraces. Private enterprise is today making little or no provision for the housing of the lower income groups owing to the high building costs of erecting such dwellings and have concentrated on the erection of large blocks of flats. Such flat development is taking place all over the municipality, but far and away the most popular suburbs for such development are the Sea Point, Three Anchor Bay, Green Point and the Kenilworth areas. There is a decided danger in the overcrowding of any one area with large flat blocks owing to the danger of ultimate deterioration of both building and inmates and the possibility of slum conditions eventually developing.

If the houses were occupied in the manner originally intended, housing conditions would be mainly satisfactory. The chief factor responsible for slum conditions is the overcrowding caused by the fact that there are not enough houses for the population, itself the result of economic conditions. Houses suitable for one family, and in many cases small even for one large family, are occupied by several families, sometimes to the extent of one family per room. The over-crowded families are naturally mostly from the poorest strata of society, usually (though not invariably) non-White, and often of low social standard. The resulting squalor is increased by decay of the fabric of the houses which such occupation induces.

The same shortage of houses and economic stringency is largely responsible for the other phase of the local housing problem, viz. the occupation of unauthorised and insanitary structures on the Cape Flats fringing Cape Town, often without made roads, water supply or sanitary services and sometimes subject to winter flooding. The Council has ample powers to prohibit such building and occupation, but has not found itself prepared to eject the occupants from the only shelter available to them.



There remains also the lowest sub-sub-economic group of the population who are a social welfare problem and cannot be provided for through municipal housing.

These housing conditions are of old standing, and have been the subject of repeated consideration by the Council and its committees and officers. Since 1920 up to 1965 the City Council, Citizens' Housing League Utility Company, Cafda, the Servitas Organisation and Garden Cities have completed the erection of over 21,000 dwellings within the municipality (see below).

In view of the increased tempo of building at Bonteheuwel and Guguletu, the Council is erecting houses departmentally as well as by contract. The building units function with artisans recruited from the building industry and working under conditions of service applicable to that industry. Coloured housing is based on standard plans evolved by the National Housing Commission.

With the enforcement of the Group Areas Act and the displacement of racial groups from one area to another it is very necessary that additional housing for the non-White section be constructed each year. It is difficult to formulate any figure but it is estimated that at least 2,000 units alone must be erected so as to even make any impression on the present overcrowding that exists.

Cape Town's topography has been the reason for siting the major Municipal housing schemes at Athlone, about eight miles from the city centre. In addition to some 4,500 houses in the older housing estates at Athlone, Bonteheuwel with 5,500 houses has been completed. At Kalksteefontein which is an extension of Bonteheuwel, 833 houses have been erected. And now Heideveld which will comprise 3,200 units has had the first 1,010 houses built during 1965. Nearer the city centre, at Factreton the work of eliminating the notorious slum area of Windermere is still proceeding and nearly completed. In the southern suburbs another housing scheme of 2,800 houses has been completed at Steenberg, fourteen miles from the city.

Langa Bantu Township, housing 32,000 persons, mainly males, was fully developed ten years ago, but Guguletu which was commenced in 1960, had 1,900 units constructed during 1965.

The dwellings completed by the City Council in the year under review were as follows:-

				No. of houses	
				Economic	Sub-economic
Factreton	...	...	...	—	10
Kalksteefontein	...	...	...	1	2
Bonteheuwel	...	...	...	41	—
Heideveld	...	...	...	714	296
Guguletu	...	...	...	—	1900
Home ownership:				Belthorn	24
				Kensington	123
				Vanguard	75

The dwellings completed bring the figures from 1920 to 1965 for public housing operations in Cape Town and suburbs (exclusive of Bantu Townships) to the following:-

	White	Non-White	Total
Within Cape Town municipal area:			
City Council ... ..	1 131	19036	20167
Citizens' Housing League Utility Co.	1063	28	1091
Cafda ... ..	—	336	336
Servitas Organisation ... ..	84	—	84
Garden Cities ... ..	—	202	202
Total	2278	19602	21880

The number of new dwelling houses built during the year in the Municipality as compared with the growth of population is shown in the following table:-

Year	Estimated increase in population	Buildings for human habitation completed (dwellings)
1915 ... ..	3980	123
1925 ... ..	5380	335
1935 ... ..	6430	1937
1945 ... ..	10400	870
1955 ... ..	7030	2155
1960 ... ..	7940	1817
1963 ... ..	14560	2550
1964 ... ..	8990	3101
1965 ... ..	14210	3186

The slum clearance scheme initiated by the Council to clear a complete block of land in the old District Six area received the *coup de grace* when the State Department of Community Development declared the area "frozen" for a period of ten years. Presumably the said Department will now proceed with its own schemes for development of the area.

Notwithstanding the normal building programme of 2,000 new units per annum, the position regarding the re-housing of the Coloured group is steadily worsening. Group area movements of this group is resulting in overcrowding in other parts of the city. It appears obvious that to make any impact on the problem the number of units erected annually will have to be doubled.

#### BANTU HOUSING

Building operations at Guguletu Township were resumed early in 1965, and resulted in the completion of the following dwellings:—

No	Type of dwelling	Cost per unit
1708	4-roomed family dwellings constructed of brick, corrugated asbestos roof, and concrete floor. ... ..	R450
20	4-roomed family dwellings constructed of brick, corrugated asbestos roof, ceilings and woodblock floor. ... ..	R942
172	Hostel units for single men, constructed of brick, asbestos roof and concrete floor. (2,752 lettings). ... ..	R1,488

#### HOUSING BRANCH

The City Housing Manager who falls in part within the administration of the Health Department has completed the following outline of the work of that Branch.

##### Staff Establishment:

	Establishment	Actual
City Housing Manager	1	1
Assistant City Housing Manager	1	1
District housing managers	4	4
Housing managers	13	9
Housing assistants	46	41
Clerks	24	23
Shorthand typist	1	1
Female clerical assistants	14	14
Supervisor of Community Centres	1	1
Club Organiser	1	1
Club leaders	14	11
Superintendents	3	3
Handymen	33	28
Labourers	59	49
Community Centre Caretakers	1	1
Caretakers	22	20
	<hr/> 238 <hr/>	<hr/> 208 <hr/>

##### Activities:

##### (1) Rented Property.

The total number of lettings for Coloured families at the end of 1965 was 17,361. Of these 8,319 were sub-economic and 9,042 economic. The number of lettings increased by 1056 during the year. There are still only 185 lettings for the White section of the population.

The annual rental of the properties is now R1,928,982 and the insured valuation R17,078,016.

At the end of 1965 there were approximately 9,800 Coloured families on the waiting list and 180 White families.

4,832 applications were received during the year from Coloured families and 133 from White.

The total number of new families housed during the year was 1,579 Coloured families and 16 White families.

##### (2) Allocations.

Home visiting and general investigation of applications received from ordinary applicants as well as families having to move because of Group Areas declarations, clearance of Windermere, Eastern Boulevard, and other new roads and bridges etc. Office interviews.

##### (3) Tenants.

Collection of rental (door-to-door and office, investigation of arrears, general family welfare work and referring as necessary to specialised welfare agencies.

Although the majority of tenants are normal law abiding citizens not requiring any special supervision, a number of families do present problems, viz. illicit selling of liquor, juvenile delinquency including vandalism and terrorisation of tenants (this occurs mainly in the four-storied blocks of flats at Kew Town), desertion by tenants, neighbour troubles, irregular earnings due to drink or illness, unauthorised sub-tenants resulting in over-crowding in Council properties. This is a growing problem because of the general housing shortage in the Peninsula.



- (4) Inspection of property for maintenance and cleanliness.
- (5) General administration of housing estates in co-operation with other branches and departments.
- (6) Hire Purchase

This side of the work continues to grow. When over 1,000 applications for the final contract of 195 houses at Kensington had been received, it was decided to close the list. 33 houses were completed at Kensington, 75 at Vanguard and 22 at Belthorn during the year.

During the year work started on the construction of 21 houses at Retreat for the White section of the population.

#### Waiting List

The waiting list continues to grow. The minimum waiting time now appears to be two years. Even on the new estates and on the older estates applicants may still wait anything up to ten years.

#### Community Centres

One new Community Centre was built during 1965 making a total of ten. Silvertown is still the only large estate without a Community Centre and it is hoped to build one there during 1966.

## SECTION X — OTHER SERVICES

### DOMICILIARY MEDICAL SERVICES

The City Council provides medical attention in their homes for indigent sick persons needing such service. During 1965 the work has been carried out by general medical practitioners. It is done in co-operation with the District Nursing Organization of the Cape Provincial Administration. Arrangements for the supply of medicines, etc. are made with local chemists.

One half of the cost of medical attention and the full cost of surgical appliances are refunded to the City Council by the State.

### HYDROGEN CYANIDE FUMIGATION

Under the Hydrogen Cyanide Fumigation Regulations (Government Notice Nos. 804 of 30th April, 1943, and 605 of 13th April, 1945), no person may undertake the fumigation of any 'building or premises' with hydrogen cyanide unless he has obtained a certificate of competence from the State Health Service or a 'First Schedule' local authority. Certificates granted by local authorities are subject to confirmation and counter-signature by the Secretary for Health. A certificate may not be issued unless the candidate worked for 12 months as a fumigator prior to 30th April, 1943, or has worked for six months under a certificated fumigator.

In August, 1943, the Medical Officer of Health, Cape Town, was requested and authorised by the Secretary for Health to undertake the examination and certification (subject to the prescribed confirmation), of candidates from areas outside Cape Town not under 'First Schedule' authorities.

No certificates were issued by the Medical Officer of Health during 1965.

### FREE BURIALS

The Public Health Act places upon the City Council the responsibility for the removal and burial of the body of any destitute person, or any dead body which is unclaimed or of which no responsible person undertakes the burial. The cost falls upon the City Council, although it may be legally recovered. Each year a contract is given out to an undertaker to carry out this work for the Council. In the year the number of such burials was 297.

### BOARD OF AID

Poor relief in the City of Cape Town is administered by the Cape Town General Board of Aid instituted under the Poor Relief and Charitable Institutions Ordinances of 1919 and 1924. The Board consists of nine members, including the Mayor of Cape Town and three members of the City Council.

Its funds are provided by the Department of Social Welfare, supplemented to some extent by voluntary donations. Under section 16 of the Finance Act, No. 27 of 1940, the responsibility of the Provincial Administration in this matter was transferred to the Department of Social Welfare as from 1st April, 1940.

The Secretary of the Board of Aid has kindly supplied the following statistics for the year:—

Income from voluntary sources ...	R 2737
Subsidy from Department of Social Welfare ... ..	92392
Expenditure on outdoor poor relief, excluding administration costs...	32173
Number of applications received ...	1873

The Board maintains a hostel in Canterbury Street for Coloured old-age pensioners of both sexes.

Accommodation is provided for 105 pensioners. Aged Coloureds are accommodated in the Hostel at R7 00 per month inclusive. Recreational facilities and other amenities are provided to make old age as comfortable as possible.

Two-Day nurseries are maintained by the Board. The Tafelberg Day Nursery in Canterbury Street accommodates 106 Non-White children aged three months to six years. The White nursery in Harrington Street has accommodation for 50 children.



## DRAINAGE, SEWERAGE AND SCAVENGING

## STORMWATER DRAINAGE

A great part of the Municipality, being built on the slopes at the foot of the mountain, is well sited for drainage, but on parts of the Flats natural drainage scarcely exists and in the wet season the ground water level over a considerable area rises to or very near the surface.

The city is sewered on the 'separate system, the stormwater being conducted by separate channels to the nearest outfall namely the sea, or into the Liesbeek and Black Rivers, which drain the southern suburbs' North of Kenilworth and flow into Table Bay as the Salt River. South of Kenilworth the streams run South and discharge into a series of vleis or lakes and thence to the sea at False Bay.

The Keyser River at Lakeside has been widened and deepened from Zand Vlei to the Main Road. The canalisation of Diep River and Sand River from the Main Road, Plumstead, to Zand Vlei, by means of the concrete lining, has also been completed as well as a concrete canal providing an outlet from Lang Vlei to the Sand River. Canalisation of the Liesbeek and Black Rivers in areas subject to flooding is now virtually complete, although considerable stretches of these canals have unlined banks and inverts.

The Vygekraal River upstream of Vanguard Drive is being widened and deepened. This work should be completed by 1966. At the same time a secondary culvert is being constructed from this river, running southwards through the areas being developed by the Department of Community Development. This culvert, as it progresses, will improve the unpleasant conditions prevailing in this area during the winter months.

## SEWERAGE

With the exception of outlying areas, such as portions of Windermere, Athlone, Crawford, Claremont, Heathfield, Retreat, etc. the greater part of the built-up area of the municipality is provided with water-borne sewerage facilities.

Both the Windermere and Retreat Main Sewerage Schemes are well advanced.

The Council in terms of an agreement with the Cape Divisional Council, accepts and treats sewage from Goodwood, Parow and the Divisional Council local areas of Thornton, Epping Garden Village, similarly the Council accepts and treats all sewage from Pinelands and the Divisional Council local areas of Bergvliet, Meadowridge and Bishopscourt and portion of Ferness Township, Ottery.

Waterborne sewerage has been provided for the Bonteheuwel Housing Scheme and the Guguletu Housing Scheme. The provision of waterborne sewerage in the Blomvlei River Catchment comprising the area east of Belgravia Road and south of Klipfontein Road is now being undertaken. The work has been held up due to staff difficulties and is now expected to finish in 1966, and not in 1965, as was originally scheduled.

Similarly the sewerage scheme for sections of Diep River, Heathfield and Retreat which has been authorised by Council has also been delayed and is still three to four years from completion, although the first contract dealing with this project has been awarded.

## PAIL CLOSETS

Regular removals of night soil were effected from all premises requiring such service in unsewered areas in Camps Bay, Windermere, and added areas of Mowbray, Rondebosch, Claremont and in Wynberg, Diep River, Heathfield, Retreat and Lakeside. Pail contents were disposed of by discharging into the sewerage system through intakes at Brooklyn, Kensington, Athlone, Kenilworth and Muizenberg. 354750 pail clearances were effected. Similarly 49639 removals were made from O'Brien dry earth closets in the Municipal and certain abutting areas.

## HOUSE REFUSE REMOVALS

The removal of house refuse is carried out by the Cleansing Branch of the City Engineers' Department as follows:—

In Cape Town proper, every weekday, and on Sunday in certain congested sections. Sunday services are also carried out at other premises on special payment.

In Green Point and Sea Point four times a week. Hotels and boarding houses, however, have a service every weekday and on Sundays, if required, subject to the payment of a special charge.

In Woodstock and Salt River (from Cape Town to Station Road, Observatory) four times a week, but every weekday at certain specific business premises.

In the southern suburbs from Mowbray to Heathfield and in the Maitland ward, three times a week, but with a daily service to certain business premises.

In Windermere, three removals weekly.

In Muizenberg-Kalk Bay, four times a week in respect of general properties, but every weekday for hotels, boarding houses and certain business premises.

Clifton, Camps Bay and Lakeside, three times a week.

Certain added areas on the Cape Flats, twice a week.

During the year the quantity of refuse removed was 575498 cubic yards.

In all areas house refuse is disposed of by controlled tipping.



## SECTION XI. — STAFF OF CITY HEALTH DEPARTMENT

The authorised establishment of the City Health Department as at 31st December, 1965, was as follows:—

## ADMINISTRATIVE BRANCH

Medical Officer of Health  
Senior Assistant Medical  
Officer of Health  
Assistant Medical Officer  
of Health  
Medical Officer  
Administrative Officer  
Administrative Assistant  
Chief Clerk  
Senior Clerks, 2  
Clerks, 19  
Senior Secretarial Assistant  
Shorthand Typiste, Gr. II  
Female Clerical Assistants, 2  
Office Attendants, 2  
Caretaker/Cleaner  
Labourer

## HEALTH INSPECTION BRANCH

Principal Health Inspector  
Senior Assistant Principal Health  
Inspector  
Assistant Principal Health Inspector  
Divisional Health Inspectors, 5  
Health Inspectors, 40  
Learner Health Inspectors, 7  
Pest Control Officers, 3  
Clerks, 2  
Female Clerical Assistant  
Washhouse Caretaker/Fitter  
Washhouse Caretakers, 3  
Assistant Washhouse Caretakers, 4  
Motor Driver  
Stores Yardsman  
Checker  
Fireman/Stoker  
Pest Control Operatives, 24  
Labourers, 5  
Attendants at public sanitary  
conveniences, 156

## MILK CONTROL

Veterinary Officer  
Dairy Inspectors, 3  
Laboratory Technician

## MATERNAL &amp; CHILD WELFARE BRANCH

Maternal and Child Welfare Officer  
Deputy Maternal and Child Welfare Officer  
Clinical Medical Officers, 3  
Principal Health Visitor  
Clinic Sister/Health Visitors, 55  
Clinic Nurses, 13  
Nursery School Teacher  
Junior Nursery School Teachers, 9  
Senior Social Welfare Visitor  
Female Clerical Assistants, 5  
Clerk  
Junior Creche Superintendents, 5  
Clinic Assistants, 18  
Nursery Assistants, 5  
Caretakers, 2  
Laundresses, 6  
Domestics, 35  
Children's Helps, 13  
Cooking Hands, 23  
Drivers, 4  
Labourers, 6  
Nightwatchmen, 4  
Caretaker/Cleaner (Bantu)

## TUBERCULOSIS BRANCH

Tuberculosis Officer  
Deputy Tuberculosis Officer  
Clinic Medical Officers, 2  
Radiographer, 2  
Clinic Sister/Health Visitors, 10  
Clinic Nurses, 5  
Clerk/Typistes, 2  
Senior Clerk  
Clerks, 8  
Clinic Assistants, 4  
Domestics, 2  
Caretaker/Cleaner  
Labourers, 4  
Ambulance Driver

## VENEREAL DISEASE BRANCH

Venereal Disease Officer  
Clinic Sisters, 1  
Domestic  
Labourers, 2  
Male Nurses, 2

## DENTAL BRANCH

Principal Dental Officer  
Deputy Dental Officer  
Assistant Dental Surgeon  
Senior Dental Mechanic  
Dental Mechanics, 4  
Senior Clinic Nurse  
Dental Nurses, 6  
Clerks, 4  
Female Clerical Assistant  
Social Welfare Visitor  
Clinic Assistants, 6  
Laundresses, 4  
Domestic  
Caretaker/Cleaner  
Labourer

CITY HOSPITAL FOR  
INFECTIOUS DISEASES

Medical Superintendent of  
Hospitals  
Deputy Medical Superintendent  
of Hospitals  
Resident Medical Officers, 6  
Matron  
Assistant Matron  
Sisters, 19  
Sister Tutor  
Staff Nurses, 43  
Nursing Assistants, 38  
Nurse Aides, 41  
Radiographer  
Occupational Therapist  
Principal Pharmacist  
Senior Pharmacist  
Pharmacists, 3  
Lady Wardens, 2  
Disinfection Officers  
Ambulance Officer  
Clerks, 3  
Female Clerical Assistants, 2  
Clinic Assistant  
Senior Works Foreman  
Handyman/Electrician  
Handyman/Carpenter  
Brush Hand  
Works Storeman  
Painter  
Boiler Attendants, 2  
Laundry Supervisor  
Laundresses, 4  
Housekeeper  
Housemaids, 36  
Kitchen Supervisor, 3  
Seamstress, 4  
Hospital Cooks, 7  
Senior Telephone Operator,  
Telephone Operators, 2  
Senior Hospital Porter  
Hospital Porters, 5  
Bantu Male Orderlies, 67  
Labourers, 12  
Ambulance and Motor Drivers, 4

## BROOKLYN CHEST HOSPITAL

Deputy Medical Superintendent  
Resident Medical Officers, 5  
Matron  
Assistant Matron  
Sisters, 14  
Staff Nurses, 29  
Probationer Nurses, 2  
Non-White Nurse Aides, 65  
Non-White Male Nursing Assistant  
Radiographer  
Clinic Assistants, 2  
Occupational Therapist  
Lady Warden  
Clerks, 2  
Female Clerical Assistant

Senior Works Foreman  
 Laundresses, 31  
 Unindentured Mason  
 Brush Hand  
 Storekeeper

Laundry Manager  
 Fitter  
 Craft Worker  
 Boiler Attendants, 2

Senior Works Foreman  
 Laundry Manager  
 Laundresses, 31  
 Fitter  
 Unindentured Mason  
 Craft Worker  
 Brush Hand  
 Boiler Attendants, 2  
 Storekeeper  
 Housekeeper

Seamstress, 2  
 Kitchen Supervisors, 2  
 Hospital Cooks, 4  
 Senior Telephone Operators  
 Telephone Operators, 2  
 Hospital Porters, 5  
 Male Orderlies, 71  
 Labourers, 20  
 Partolman, 3  
 Motor Drivers, 2

#### CHANGES IN PERSONNEL

##### *Appointments.*

Dr. H.L. Ackerman appointed Tuberculosis Officer, 1st January, 1965.

Dr. R.A. Spiro appointed Deputy Tuberculosis Officer, 1st April, 1965.

Dr. G.A. Clark appointed Deputy Medical Superintendent of Hospitals, 3rd July, 1965.

Dr. K.B. Sundgren appointed as Clinical Medical Officer, 1st September, 1965.

##### *Retirement.*

Dr. M.A. Kemp, Clinical Medical Officer, left the service on 28th February, 1965.

##### *Deceased.*

Dr. J.B. Porteus, Deputy Medical Superintendent of Hospitals, died 12th February, 1965.



### TABLE A. CAUSES OF DEATH REGISTERED IN 1965

Corrected

W. — White

O. - OTHER or NON-WHITE

[illegible]

TABLE B. Deaths Classified for Causes and Race, 1965.  
(Corrected)

International Code No.	CAUSE OF DEATH	White	Coloured	Bantu	Asiatic	Non- White	All Races
001-008	Tuberculosis, respiratory system ...	10	124	49		173	183
010-019	Tuberculosis other forms ...		20	5		25	25
020-029	Syphilis ...	1	11	3		14	15
040	Typhoid fever...						
045-048	Dysentery ...	2	3	1		4	4
055	Diphtheria ...		2	1		3	5
056	Whooping cough ...		3	2		5	5
057	Meningococcal infections ...		5	1		6	6
080	Acute poliomyelitis ...						
085-086	Measles ...	3	54	13		67	70
	Other diseases classified as infective and parasitic ...	3	25	3		28	31
140-205	Malignant neoplasms ...	359	265	64	4	333	692
210-239	Benign neoplasms ...	6	11	3		14	20
260	Diabetes mellitus ...	20	30	2	1	33	53
290-293	Anaemias ...	3	3	1		4	7
330-334	Vascular lesions affecting central nervous system ...	228	323	34	7	364	592
340	Non-meningococcal infections ...	1	24	8		32	33
400-402	Rheumatic fever ...		1	3		4	4
410-416	Chronic rheumatic heart disease ...	16	40	9		49	65
420-422	Arteriosclerotic and degenerative heart disease ...	524	326	12	17	355	879
430-434	Other diseases of heart...	42	47	17		64	106
440-443	Hypertension with heart disease ...	45	126	12	1	139	184
444-447	Hypertension without mention of heart ...	9	22	9		31	40
450-456	Diseases of the arteries ...	53	47	7	1	55	108
480-483	Influenza ...	1	6			6	7
490-3 763	Pneumonia ...	36	198	57	2	257	293
500-502	Bronchitis ...	30	48	12	2	62	92
540-541	Ulcer of stomach and duodenum ...	11	13	2	1	16	27
550-553	Appendicitis ...	2	3			3	5
560,561,570	Intestinal obstruction and hernia ...	7	9	2	2	13	20
571, 764	Gastro enteritis ...	5	303	117	5	425	430
581	Cirrhosis of liver ...	22	22	8	1	31	53
590-594	Nephritis and nephrosis...	15	34	11		45	60
610	Hyperplasia of prostate ...	7	2			2	9
640-652	Complications of pregnancy and childbirth ...	1	16	5	1	22	23
670-639	Congenital malformations ...	24	61	19	1	81	105
750-759	Birth injuries and post-natal asphyxia ...	14	87	19	3	109	123
760-762	Other infant diseases and immaturity ...	20	241	88	4	333	353
765-776	Senility and ill defined ...	320	223	92	6	321	641
780-795	Motor vehicle accidents...	53	125	39	1	165	218
810-835	All other accidents ...	32	102	41		143	175
800-802	Suicide ...	27	7	3	1	11	38
840-965	Homicide ...	7	71	42		113	120
970-979	Other causes ...	130	258	80	2	340	470
	Total	2089	3341	896	63	4300	6389



TABLE C. Deaths by Cause and Month of Registration, 1965.

(Corrected for Outward Transfers.)

International Code No.	Disease	Race	January	February	March	April	May	June	July	August	September	October	November	December	Year
001-008	Tuberculosis of respiratory system ...	White				2	3		2		1	1	1		10
		Non-W.	13	4	14	10	10	13	14	11	24	14	12	21	160
010-019	Tuberculosis, other forms	White													
		Non-W.	2	1	2	1	4	2	3	2	1	2		1	21
020-029	Syphilis and its sequelae	White	1												1
		Non-W.			2	2		2	1	2	1	1	2	1	14
040-041	Typhoid fever ...	White													
		Non-W.													
955	Diphtheria ...	White	1						1						2
		Non-W.		1						2					3
056	Whooping cough ...	White													
		Non-W.	1		1		1							1	4
057	Meningococcal infections	White													
		Non-W.	2					1			1		1	1	6
080	Acute poliomyelitis ...	White													
		Non-W.													
085-086	Measles and rubella ...	White								1					3
		Non-W.	5	8	4	9	5	9	1	6	6	4	4	4	65
140-205	Malignant neoplasms, including neoplasms of lymphatic and haematopoietic tissues	White	27	17	28	26	24	32	27	35	27	22	25	42	332
		Non-W.	29	19	24	18	26	31	28	25	34	24	29	21	308
260	Diabetes ...	White	1	2	2	1	3	2	1	2	1	1	3	1	20
		Non-W.	1	3	2	2	1	5	2		5	3	3	5	32
330-334	Vascular lesions affecting central nervous system	White	15	14	15	16	20	24	22	16	18	20	17	12	209
		Non-W.	29	34	31	20	29	32	30	30	29	35	21	28	348
400-402	Rheumatic fever ...	White													
		Non-W.			1					1		2			4
410-416	Cardiovascular diseases	White	46	43	37	35	52	55	75	50	40	49	35	53	570
		Non-W.	37	29	44	29	30	58	42	43	43	34	39	31	459
420-422															
430-434															
440-447	Hypertensive diseases ...	White	5	1	4	2	7	10	3	8	5		6		51
		Non-W.	15	8	12	14	15	20	17	11	12	13	11	18	166
450-456	Diseases of the arteries	White	5	3	2	2	4	5	3	5	5	6	6	5	51
		Non-W.	2	2	4	5	1	6	6	3	7	5	4	5	50
480-483	Influenza ...	White								1					1
		Non-W.					1			1	2	1		1	6
490-493	Pneumonia (including pneumonia of the new born) ...	White	4	3	2		2	9	9	2	1	3		1	36
763		Non-W.	14	18	18	18	26	30	33	19	22	18	11	20	247
500-502	Bronchitis ...	White	1	2	1	2	2	5	5	3	5	1	1	1	29
		Non-W.	1	3	4	8	4	9	6	6	6	3	6	2	58
571,764	Gastro-enteritis and colitis (including diarrhoea of the new born) ...	White	1			1			1		1	1			5
		Non-W.	51	71	59	52	32	30	10	13	11	20	28	37	414
590-594	Nephritis ...	White	1	1	1			1	2	2	1	2	1	1	13
		Non-W.	5	5	1	2	5	3	5	1		6	4	3	40
640-652	Complications of pregnancy, childbirth and the puerperium	White						1							1
		Non-W.	1	4		1	1	4	2	1	2	2	2	2	22
750-759	Congenital malformations	White	1	4	1		5	3		2	2	2	1	1	22
		Non-W.	10	4	8	8	8	10	3	8	5	7	3	5	79
760-762	Birth injuries, post-natal asphyxia and atelectasis	White	2	4	1		2	1		3		1			14
		Non-W.	6	11	9	7	11	15	7	8	11	6	13	5	109
765-776	Other diseases peculiar to early infancy and immaturity unqualified	White	1	1	1	1		2	1	1	2	1	2	7	20
		Non-W.	25	31	23	23	19	29	29	17	43	25	26	26	316
780-795	Senility and ill-defined diseases	White	26	29	18	14	23	40	36	20	20	30	24	28	308
		Non-W.	31	24	25	17	32	32	27	26	32	15	24	26	311
E810-E835	Motor vehicle accidents	White	6	7	4	3	10		8	1	2	2	5	3	51
		Non-W.	9	11	20	5	11	20	12	10	24	9	11	11	153
E800-802	All other accidents ...	White	3	3	3	1	1	1	3	2	5	3	2	2	29
E840-E965		Non-W.	10	6	18	3	6	10	11	12	17	5	11	9	118
E970-E979	Suicide ...	White	5	5	2			1	4	1	1	3	4		26
		Non-W.		1	3			1	1	1	2	1			10
E980-985	Homicide ...	White	1							2	1	2	1		7
		Non-W.	6	11	11	5	10	6	13	7	17	8	11	4	109
	All causes ...	White	175	150	145	112	172	204	216	176	161	162	148	172	1993
		Non-W.	343	341	380	304	328	427	354	303	390	309	306	312	4097

TABLE D. Death Rates per 1,000 Population for 1965 and Ten Previous Years by Causes and Race...  
(Corrected for Outward Transfers.)

Disease		Race	1954 — 1955	1956	1957	1958	1959	1960	1961	1962	1963	1964	Mean for 10 years	1965
Enteric fever	... ..	White Non-W.	0.02		0.00	0.01	0.00					0.01	0.00	
Measles	... ..	White Non-W.	0.01 0.08	0.01	0.09	0.02 0.05	0.04	0.10	0.01 0.11	0.01 0.09	0.01 0.23	0.01 0.09	0.01 0.08	0.02 0.17
Scarlet fever	... ..	White Non-W.					0.00	0.01				0.01	0.00 0.00	
Whooping cough	... ..	White Non-W.	0.08	0.00	0.06	0.02	0.02	0.02	0.03	0.03	0.02	0.02	0.03	0.01
Diphtheria	... ..	White Non-W.	0.01 0.03	0.01	0.01 0.02	0.01 0.01	0.01 0.00	0.02 0.01	0.01 0.02	0.01	0.01	0.00	0.01 0.01	0.01 0.01
Influenza	... ..	White Non-W.	0.02 0.03	0.01 0.00	0.02 0.04	0.02 0.02	0.02 0.02	0.02 0.01	0.03 0.03	0.01	0.03 0.02	0.01 0.01	0.02 0.02	0.01 0.01
Purulent infection — septicaemia, and erysipelas (non- <i>puerperal</i> )		White Non-W.		0.01 0.03	0.01 0.01	0.01	0.02 0.02	0.02 0.02	0.02 0.02	0.02 0.02	0.03 0.03	0.02 0.01	0.02 0.01	0.01 0.03
Acute anterior poliomyelitis and polioencephalitis		White Non-W.		0.02	0.05 0.03	0.01 0.00	0.01 0.00	0.01 0.00					0.01 0.00	
Acute infectious encephalitis	... ..	White Non-W.	0.003	0.02	0.01 0.01	0.01	0.01 0.01	0.01 0.01	0.01	0.01	0.00	0.01 0.00	0.00 0.01	
Meningococcal cerebrospinal meningitis	... ..	White Non-W.	0.01 0.02	0.01 0.01	0.02	0.01 0.01	0.01 0.00	0.01	0.00	0.01	0.01 0.00	0.00	0.00 0.01	0.01
Tuberculosis, respiratory system	... ..	White Non-W.	0.14 0.91	0.11 0.58	0.13 0.66	0.17 0.56	0.16 0.41	0.13 0.47	0.12 0.54	0.09 0.44	0.11 0.45	0.06 0.42	0.12 0.48	0.05 0.44
Tuberculosis, other forms	... ..	White Non-W.	0.02 0.30	0.03 0.18	0.02 0.20	0.01 0.13	0.01 0.10	0.02 0.12	0.01 0.11	0.01 0.09	0.07	0.01 0.06	0.01 0.12	0.06
Syphilis	... ..	White Non-W.	0.02	0.01 0.03	0.03	0.02	0.04	0.02	0.01 0.04	0.03	0.02	0.03	0.00 0.03	0.01 0.01
General paralysis of the insane : tabes dorsalis		White Non-W.	0.01	0.03 0.02	0.01 0.02	0.02 0.01	0.02 0.01	0.01 0.01	0.01 0.01	0.01 0.03	0.01	0.02	0.01 0.01	0.02
Aneurysm of the aorta	... ..	White Non-W.	0.02 0.02	0.02 0.01	0.01	0.01 0.01	0.01	0.00	0.01	0.00	0.00	0.01	0.00 0.01	0.00
Cancer	... ..	White Non-W.	1.55 0.71	1.61 0.73	1.74 0.62	1.56 0.62	1.70 0.61	1.69 0.73	1.77 0.89	1.62 0.84	1.60 0.77	1.78 0.85	1.67 0.66	1.82 0.84



TABLE D - Continued.

Disease		Race	1954 - 1955	1956	1957	1958	1959	1960	1961	1962	1963	1964	Mean for 10 years	1965
Acute rheumatic fever ... ..	...	White Non-W.	0.01 0.02	0.01 0.01	0.01 0.01	0.01 0.00	0.01 0.00	0.01 0.01	0.02 0.02	0.01 0.00	0.00	0.01 0.01	0.01 0.01	0.01
Diabetes ... ..	...	White Non-W.	0.14 0.13	0.04 0.03	0.04 0.06	0.06 0.06	0.10 0.08	0.17 0.13	0.14 0.11	0.20 0.14	0.12 0.08	0.10 0.10	0.11 0.08	0.10 0.08
Intracranial lesions of vascular origin ...	...	White Non-W	1.19 0.84	1.63 0.86	1.33 0.82	1.48 0.91	1.51 0.78	1.76 1.05	1.67 1.05	1.19 1.03	1.18 0.94	1.33 0.93	1.43 0.83	1.15 0.92
Arterio-sclerosis... ..	...	White Non-W.	0.29 0.16	0.23 0.08	0.30 0.11	0.30 0.08	0.22 0.10	0.23 0.12	0.23 0.07	0.17 0.05	0.15 0.07	0.14 0.09	0.23 0.08	0.13 0.08
Cardiac diseases ... ..	...	White Non-W.	2.98 1.38	3.58 1.66	3.58 1.87	3.59 1.58	3.62 1.51	4.15 1.98	3.58 1.92	3.48 1.73	3.39 1.54	3.34 1.55	3.53 1.50	3.17 1.53
Bronchitis and pneumonia (including pneumonia of the newborn) ... ..	...	White Non-W.	0.40 0.98	0.36 0.98	0.32 1.03	0.32 0.93	0.36 0.71	0.32 1.05	0.34 0.97	0.37 0.92	0.25 0.96	0.37 0.82	0.34 0.84	0.33 0.80
Gastro-enteritis and colitis, except ulcerative (including diarrhoea of the newborn)		White Non W.	0.08 2.46	0.09 1.99	0.09 1.73	0.05 1.81	0.04 1.31	0.06 1.64	0.05 1.49	0.05 1.20	0.04 1.23	0.02 1.00	0.06 1.41	0.03 1.07
Nephritis ... ..	...	White Non W.	0.13 0.16	0.13 0.13	0.16 0.09	0.16 0.14	0.17 0.10	0.11 0.15	0.16 0.16	0.16 0.13	0.11 0.10	0.13 0.14	0.14 0.12	0.08 0.11
Puerperal sepsis ... ..	...	White Non W.	0.01 0.01	0.01 0.01	0.02	0.01	0.02	0.04	0.01 0.02	0.01 0.01	0.04	0.01 0.03	0.00 0.02	0.03
Other diseases of pregnancy, childbirth, and puerperal state ... ..	...	White Non-W	0.02 0.07		0.01 0.06		0.01 0.02	0.03	0.03	0.01 0.03	0.02	0.01	0.00 0.03	0.01 0.03
Congenital malformations and diseases of early infancy ... ..	...	White Non-W.	0.19 0.92	0.36 1.22	0.35 1.13	0.32 1.25	0.29 1.06	0.37 1.25	0.32 1.47	0.34 1.25	0.32 1.22	0.30 1.17	0.33 1.09	0.29 1.32
Senility ... ..	...	White Non-W.	0.12 0.03	0.14 0.02	0.16 0.02	0.09 0.02	0.12 0.02	0.19 0.04	0.21 0.11	1.23 0.30	1.34 0.23	1.48 0.31	0.51 0.11	1.53 0.32
Accidents, poisonings and violence (external cause) ... ..	...	White Non-W.	0.37 0.57	0.42 0.60	0.53 0.65	0.44 0.65	0.45 0.60	0.53 0.83	0.53 0.86	0.61 0.76	0.55 0.68	0.72 1.00	0.52 0.65	0.60 1.09
Other causes ... ..	...	White Non-W.	1.44 1.57	1.19 1.09	1.22 1.19	1.02 1.01	1.11 0.95	1.24 1.26	1.12 1.10	1.11 1.19	1.11 1.58	0.98 1.75	1.15 1.34	1.24 1.82
Total ... ..	...	White Non-W.	9.15 11.52	10.00 10.34	9.96 10.60	9.65 9.93	9.96 8.58	11.04 11.11	10.33 11.19	10.67 10.35	10.34 10.34	10.83 19.42	10.23 9.38	10.57 10.83

TABLE E. Deaths of Infants under 1 Year of Age, Classified by Cause and Age, 1965.

(Corrected)

International Code no.	DISEASE	RACE	Under 1 day	Under 2 days	Under 3 days	Under 4 days	Under 5 days	Under 6 days	Under 7 days	Total under 1 week	Under 2 weeks	Under 3 weeks	Under 4 weeks	Total under 4 weeks	Under 2 months	Under 3 months	Under 4 months	Under 5 months	Under 6 months	Under 7 months	Under 8 months	Under 9 months	Under 10 months	Under 11 months	Under 12 months	TOTAL under one year			Bantu Townships Included in foregoing columns									
			1	2	3	4	5	6	7	1	2	3	4	5	6	7	8	9	10	11	12	M	F	Per- sons	LANGA					GUGULETU								
																									M	F	Per- sons	M	F	Per- sons	M	F	Per- sons					
010	Tuberculosis, meningeal	White Non-W																																				
011	Tuberculosis, abdominal	White Non-W																																				
001-008 012-019	Tuberculosis, other forms	White Non W																																				
020	Syphilis, congenital	White Non-W			1					1	2			3						2	1				2	1							1					
055	Diphtheria	White Non-W																																				
056	Whooping cough	White Non-W																																				
085-086	Measles and rubella	White Non-W.															1	1	4	4	3	4	4	3	2	13	13	26				2	2	1	1	2		
050	Scarlet fever	White Non-W.																																				
283	Rickets	White Non-W.																																				
340	Simple meningitis	White Non-W.			1					1	1	3		5	1		1		1	2	4	3																
500-502	Bronchitis	White Non-W.														1	1	1	3	1	1	2											1	2		2		
490-498	Pneumonia (all forms)	White Non-W.	2	2			1	2	2	9	6	6	7	28	17	15	18	18	13	11	2				5	1	80	75	155				2	5	13	13	26	
571,764	Diarrhoea and enteritis	White Non-W.									1	2	4	7	22	44	38	57	37	29	28	30	21	11	18	183	159	342				6	14	42	33	75		
750-759	Congenital malformations	White Non-W.	2	2	2	2		2	3	6	3	1	6	10	1	2	1	1	1	1	4	1	2	1														
760-761	Injury at birth	White Non-W.	1	8	2	6	1	2	1	47	2			4																			1	1	4	3	7	
774-776	Immaturity	White Non-W	7	1	2	6	1	1	11	164	12	2	1	11	2	2																						
762 765-773	Other diseases peculiar to early Infancy	White Non-W.	6	2	3	1	1	1	14	94	13	8	3	16	2	2	10	13	8	16	5	11	8	6	4	111	98	209				7	2	9	18	24	42	
E924- E925	Accidental mechanical suffo- cation	White Non-W.											1	1	1	1	2				1																	
E926	Lack of care	White Non-W.																																				
	Other and ill-defined or un- known causes	White Non-W.	2	4	2				1	9	2	4	2	17	13	19	12	24	11	10	12	12	9	3	7	78	71	149				3	4	7	19	22	41	
		White Non-W.	16	5	9	1	2	1	34	4	1	1	2	41	8	7	1	3	1	4	1	77	51	33	35	658	563	1221										
	Totals	All Races	148	104	58	26	17	15	12	380	46	29	26	481	68	98	88	122	83	83	68	77	52	33	35	709	579	1288				30	24	54	116	117	233	



TABLE E1. Deaths of Infants under 1 Year of Age, Classified by Cause and Month of Registration, 1965.  
(Corrected for Outward Transfers.)

International Code No.	DISEASE	RACE	January	February	March	First Quarter	April	May	June	Second Quarter	July	August	September	Third Quarter	October	November	December	Fourth Quarter	YEAR	Percentage Total deaths	Rate per 1,000 live births
010	Tuberculosis, meningeal	White Non-W					1			1					1			1	2	0.2	0.1
011	Tuberculosis, abdominal	White Non-W																			
001-008	Tuberculosis, other forms	White Non-W	1		1	2		1		1	1		1	2			2	2	7	0.6	0.5
020	Syphilis, congenital	White Non-W					1		1	2			1	1					3	0.3	0.2
055	Diphtheria	White Non-W																			
056	Whooping cough	White Non-W			1	1		1		1							1	1	3	0.3	0.2
035-086	Measles and rubella	White Non-W	2	3	3	8	3	1	2	6		3	2	5		3	3	6	25	2.1	1.6
050	Scarlet fever	White Non-W																			
283	Rickets	White Non-W	1			1	1		1	2									1	1.5	0.3
340	Simple meningitis	White Non-W	1			1	2	1	3	6	1	2	1	4	1	4		5	16	1.5	0.3
500-502	Bronchitis	White Non-W		1		1	3		3	6		1	1	2		1		1	19	0.8	0.6
490-493	Pneumonia (all forms)	White Non-W	1	11	11	28	13	20	2	52	15	13	14	42	13	4	11	1	5	7.5	1.5
571,764	Diarrhoea and enteritis	White Non-W	1	56	48	145	43	25	21	89	7	9	1	22	17	26	32	75	4	6.0	1.2
750-759	Congenital malformations	White Non-W	9	4	7	19	6	4	2	17	2	5	2	4	5	1	1	2	17	25.4	4.9
760-761	Injury at birth	White Non-W	4	4	4	12	4	5	1	15	3	5	5	13	4	2	3	9	4	6.0	1.2
774-776	Immaturity	White Non-W	18	8	15	41	6	9	1	28	1	12	1	3	1	1	5	7	11	16.4	3.2
762-765-773	Other diseases peculiar to early infancy	White Non-W	3	5	1	9	1	1	1	3	13	2	1	3	1	24	2	3	18	26.9	5.2
E924-E925	Accidental mechanical suffocation	White Non-W											1	1	2		2	2	2	3.0	0.6
E926	Lack of care	White Non-W																	3	0.3	0.2
	Other and ill-defined or unknown causes	White Non-W	17	13	16	46	16	14	1	44	5	9	14	28	10	1	1	2	4	6.0	1.2
	Totals	White Non-W	6	9	3	18	1	7	8	16	3	7	5	15	5	3	10	18	67	100	19.4
		All Races	108	129	119	356	119	97	115	331	67	67	99	233	78	87	99	264	1184	100	76.1
			114	138	122	374	120	104	123	347	70	74	104	248	83	90	109	282	1251		65.8

TABLE F. Deaths of Infants under 1 Year of Age, Classified by Legitimacy, 1965.

( Corrected for outward transfers)

	Place of Death	All infants						Legitimate						Illegitimate						No statement		
		Neo-natal			Post neo-natal			Neo-natal			Post neo-natal			Neo-natal			Post neo-natal			Neo-natal	Post neo-natal	
		M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.					
White	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Coloured ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Bantu	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Asiatic	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Non-White	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
All races...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...



TABLE G. Registered Births and Still-Births for the year 1965, classified in wards as to Race, Legitimacy and Percentage of Total Births in Institutions  
(Corrected.)

Wards	WHITE						NON-WHITE						TOTALS				STILL-BIRTHS				Percentage of total births, including still-births, occurring in institutions		
	Legitimate			Illegitimate			Legitimate			Illegitimate			Total			White		Non-White					
	Males	Fe-males	Total	Males	Fe-males	Total	Males	Fe-males	Total	Males	Fe-males	Total	White	Non-White	Total	Legit.	Illegit.	Legit.	Illegit.				
1. ...	126	149		2	126	151	277	9	6	17	18	26	24	50	277	50	327	4			4	99	90
2. ...	156	115		4	156	119	275	3	5	12	14	15	19	34	275	34	309	5			1	99	89
3. ...	14	21		1	16	22	38	145	146	84	78	229	224	453	38	453	491			4	5	95	58
4. ...	151	138		8	159	146	305	131	154	66	81	197	235	432	305	432	737	4		7	4	96	59
5. ...	115	122		7	124	129	253	314	288	127	104	441	392	833	253	833	1,086	1		13	4	96	62
6. ...	82	60		4	84	64	148	442	434	187	145	629	579	1208	148	1208	1356	3		12	9	85	61
7. ...	139	158		23	159	181	340	35	35	15	12	50	47	97	340	97	437	5		1	1	95	62
8. ...	155	150		4	158	154	312	717	676	371	323	1088	999	2087	312	2087	2399	3		35	33	94	47
9. ...	101	89		2	104	91	195	106	100	26	21	132	121	253	195	253	448	1	1	8	1	86	47
10. ...	12	17			12	17	29	2580	2612	795	807	3375	3419	6794	29	6794	6823	1		136	44	80	40
11. ...	135	133		1	140	134	274	21	27	20	12	41	39	80	274	80	354	5			1	99	70
12. ...	104	105		1	107	106	213	170	143	50	55	220	198	418	213	418	631	2		7	1	96	58
13. ...	142	121		25	156	146	302	76	78	14	18	90	96	186	302	186	488	4		2	1	96	54
14. ...	125	140			127	140	267	198	202	81	77	279	279	558	267	558	825	2		8	5	91	42
15. ...	105	105		1	110	106	216	724	787	296	265	1020	1052	2072	216	2072	2288	3		46	18	89	39
Not allocated (un-ascertained addresses)										3	6	3	6	9		9	9				1		
Total	1662	1623	76	83	1738	1706	3444	5671	5693	2164	2036	7835	7729	15564	3444	15564	19008	43	1	279	129	94	59
Births in Cape Town which did not belong thereto	840	836	86	59	926	895	1821	525	550	442	393	967	943	1910	1821	1910	3731	14	3	63	25	100	97
Langa Township								128	127	101	86	229	213	442		442	442			13	11		90
Guguletu Township								616	593	267	267	883	860	1743		1743	1743			54	15		88

TABLE H Births in Institutions, 1965  
LIVE-BIRTHS.

Institution	Total Live-births		Live-births belonging to Cape Town		Live-births not belonging to Cape Town (outward transfers)	
	White	Non-White	White	Non-White	White	Non-White
Peninsula Maternity Hospital ...		4498		3843		655
Somerset Hospital ...		2665		2241		424
St. Joseph's Sanatorium ...	1999	1	1053	1	946	
Salvation Army Maternity Home ...		1804		1485		319
Mowbray Maternity Hospital ...	825		512		313	
St. Monica's Home ...		1185		930		255
Groote Schuur Hospital ...	1075	725	895	572	180	153
Kingsbury Nursing Home ...	542		361		181	
Delherbe Nursing Home ...	379	1	296		83	1
Military Hospital ...	244		133		111	
Nannie Huis ...		46		13		33
House of Correction ...		13		6		7
Other institutions ...		8		5		3
Total ...	5064	10946	3250	9096	1814	1850

STILL-BIRTHS.

Institution	Total Still-births		Still-births belonging to Cape Town		Still-births not belonging to Cape Town (outward transfers)	
	White	Non-White	White	Non-White	White	Non-White
Peninsula Maternity Hospital ...		148		110		38
Somerset Hospital ...		103		84		19
St. Joseph's Sanatorium ...	13		8		5	
Salvation Army Maternity Home ...		33		28		5
Mowbray Maternity Hospital ...	16		10		6	
St. Monica's Home ...		38		26		12
Groote Schuur Hospital ...	21	54	17	40	4	14
Kingsbury Nursing Home ...	3		3			
Delherbe Nursing Home ...	3		3			
Military Hospital ...	4		2		2	
House of Correction ...		2				2
Nannie Huis ...		1		1		
Total ...	60	379	43	289	17	90



TABLE I. — Discontinued.

TABLE J. Births, Deaths, Natural Increase, and Infant Deaths, and corresponding rates, for the year 1965.

Race	Births		Deaths		Natural increase		Deaths under one year old	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate
White: uncorrected    ..    ...    ... corrected for outward transfers    ...    ... corrected for outward and inward transfers    ...    ...	5265 3444 3444	26.6 17.4 17.4	2527 1993 2089	12.8 10.1 10.6	1355	6.9	110 67 67	21 19 19
Coloured: uncorrected    ...    ...    ... corrected for outward transfers    ...    ... corrected for outward and inward transfers    ...    ...	14283 13001 13010	45.9 41.8 41.8	3980 3229 3341	12.8 10.4 10.7	9669	31.1	1181 886 900	83 68 69
Bantu: uncorrected    ...    ...    ... corrected for outward transfers    ...    ... corrected for outward and inward transfers    ...    ...	2923 2308 2309	37.2 29.4 29.4	1009 805 896	12.8 10.2 11.4	1413	18.0	362 284 307	124 123 133
Asiatics: uncorrected    ...    ....    ... corrected for outward transfers    ...    ... corrected for outward and inward transfers    ...    ...	258 245 245	34.6 32.8 32.8	67 63 63	9.0 8.4 8.4	182	24.4	14 14 14	54 57 57
All non-White: uncorrected    ...    ...    ... corrected for outward transfers    ...    ... corrected for outward and inward transfers    ...    ...	17464 15554 15564	44.0 39.2 39.2	5056 4097 4300	12.7 10.3 10.8	11264	28.4	1557 1184 1221	89 76 78
All races: uncorrected    ...    ...    ... corrected for outward transfers    ...    ... corrected for outward and inward transfers    ...    ...	22729 18998 19008	38.2 31.9 32.0	7583 6090 6389	12.8 10.2 10.7	12619	21.2	1667 1251 1288	73 66 68
Bantu resident at Langa Township    ... Bantu resident at Guguletu Township    ...	442 1743	13.4 54.4	292 505	8.9 15.8	150 1238	4.6 38.7	54 233	122 134

All rates are per 1,000 population except the infant mortality rate, which is expressed per 1,000 live-births.

TABLE K — Infant Mortality Rates per 1,000 Births by Causes  
(Corrected)

INFANTS UNDER ONE YEAR OF AGE

Period	Common infectious diseases		Tuberculous diseases		Syphilis		Bronchitis and pneumonia		Diarrhoea and enteritis		Developmental diseases		Miscellaneous diseases (remainder)		Total mortality (all causes)	
	White	Non-White	White	Non-White	White	Non-White	White	Non-White	White	Non-White	White	Non-White	White	Non-White	White	Non-White
Quinquennium																
1916-1917 to																
1920-1921	3.3	6.6	1.7	2.2	1.1	9.9	12.3	55.1	28.1	58.7	29.0	47.2	15.2	32.1	90.8	211.7
1921-1922 to																
1925-1926	2.4	4.6	0.9	2.4	1.0	8.7	9.6	53.4	23.9	54.4	23.0	39.7	11.3	22.8	71.9	181.6
1926-1927 to																
1930-1931	3.2	4.3	1.1	4.3	1.7	11.9	10.8	47.2	14.6	46.7	22.1	37.6	9.3	18.6	62.7	169.4
1931-1932 to																
1935-1936	2.0	5.5	1.1	4.4	0.8	10.6	7.4	41.3	11.0	39.9	20.0	31.6	7.5	13.9	49.6	147.2
1936-1937 to																
1940-1941	1.0	3.6	0.8	4.0	0.4	6.2	5.6	35.6	5.8	29.5	18.6	29.5	9.0	14.5	41.3	122.9
1941-1942 to																
1945-1946	0.8	3.3	0.9	8.0	0.3	4.7	3.7	32.9	6.7	37.9	18.9	31.0	6.6	12.9	87.9	130.7
1946-1947 to																
1950-1951	0.5	2.8	0.8	8.7		2.5	2.8	22.5	3.8	30.5	15.8	28.9	5.9	13.2	29.6	109.1
1951-1952 to																
1956	0.1	1.0	0.2	4.2		0.5	2.3	15.1	2.3	42.9	15.0	25.8	5.1	14.2	25.6	103.6
1957-1961		1.4		1.3		0.2	2.4	13.2	1.0	31.6	13.5	23.4	5.0	14.9	21.8	85.9
Year																
1953-1954		0.8	0.3	4.3		0.3	4.9	13.6	1.7	41.6	15.9	22.5	7.5	17.5	30.4	100.5
1954-1955		1.6	0.3	3.3		0.3	1.5	15.5	1.8	45.4	14.0	22.3	3.9	12.4	21.5	100.8
1956		0.2		2.6		0.2	1.1	14.8	3.1	42.2	14.8	29.2	5.6	13.8	24.5	103.0
1957		2.1		2.7		0.4	2.0	15.1	1.4	35.1	14.0	24.5	6.2	15.4	23.5	95.3
1958		1.0		0.9		0.1	4.4	15.7	0.3	38.8	13.9	24.3	4.6	16.7	23.1	97.6
1959		0.9		1.1		0.2	2.7	11.7	0.3	28.8	10.9	19.7	3.7	17.9	17.5	80.2
1960		1.6		1.0		0.2	1.7	12.6	1.1	29.1	14.6	23.7	7.9	12.8	25.3	81.0
1961		1.4		0.6		0.2	1.1	10.8	1.9	26.1	14.4	25.1	2.7	11.8	20.1	75.9
1962		1.3		0.2		0.1	2.9	12.3	1.3	21.3	14.2	24.7	3.2	9.8	21.7	69.8
1963	0.6	3.4		0.6		0.4	1.6	13.0	1.1	25.1	13.8	24.7	6.1	18.9	23.2	86.1
1964	0.3	1.5		0.4		0.4	1.3	11.0	1.1	20.6	13.2	26.9	3.0	16.8	18.9	77.6
1965		2.3		0.7		0.2	1.5	10.6	1.2	21.8	13.4	29.0	3.5	13.9	19.4	78.5



TABLE K. — Continued.

INFANTS FROM 1 TO 2 YEARS OF AGE \*

Period	Common infectious diseases		Tuberculous diseases		Syphilis		Bronchitis and pneumonia		Diarrhoea and enteritis		Developmental diseases		Miscellaneous diseases (remainder)		Total mortality (all causes)	
	White	Non-White	White	Non-White	White	Non-White	White	Non-White	White	Non-White	White	Non-White	White	Non-White	White	Non-White
Quinquennium																
1926-1927 to	2.8	6.4	1.1	6.9		1.1	3.3	28.9	4.8	24.3	0.3	0.6	2.9	8.6	15.2	76.7
1930-1931																
1931-1932 to	2.1	6.2	0.9	7.5		2.1	3.7	24.8	2.5	19.2	0.2	0.4	3.0	7.3	12.4	67.4
1935-1936																
1936-1937 to	0.7	5.1	1.2	7.3	0.1	0.9	2.6	22.4	2.1	15.9	0.2	0.4	2.6	6.9	9.5	58.8
1940-1941																
1941-1942 to	0.9	3.9	0.9	14.1		0.9	0.9	19.8	1.6	20.9	0.2	0.4	1.3	5.7	5.8	65.2
1945-1946																
1946-1947 to	0.3	3.0	0.7	12.7		0.6	0.6	9.6	0.6	13.3		0.1	0.8	4.1	8.0	44.0
1950-1951																
1951-1952 to	0.4	1.1	0.5	6.1		0.1	0.4	4.6	0.6	17.3	0.2	0.2	1.1	4.3	3.1	33.8
1956	0.1	1.3		1.8		0.0	0.5	4.3	0.2	9.4	0.2	0.6	1.3	5.0	2.3	22.5
1957-1961																
Year																
1953-1954	0.3	1.0	1.2	5.9		0.1	0.3	3.9	0.6	15.8	0.6	0.3	1.2	3.1	8.2	30.1
1954-1955		2.3		5.8				4.3	0.3	19.1		0.3	0.9	4.8	2.1	36.7
1956		0.3		3.5				4.6	0.6	14.3	0.3	0.4	0.3	4.8	1.2	27.9
1957		1.7		3.2			0.9	5.9		11.4	0.9	0.4	1.4	6.3	3.1	28.9
1958	0.3	1.0		2.9	0.1	0.1	0.9	3.9	0.3	11.2		0.2	1.4	5.6	2.9	25.0
1959		1.0		1.3			0.6	3.8	0.8	9.0		0.2	1.7	5.5	3.1	20.9
1960		1.2		1.1				3.7		8.2		0.6	0.8	5.5	0.8	20.3
1961		1.8		0.7				3.9		7.3	0.3	1.5	1.4	2.2	1.7	17.3
1962		1.6		0.8			0.6	2.8		5.3	0.3	0.5	1.1	4.9	1.9	15.9
1963	0.3	3.3		0.8				4.0	0.3	6.8	0.3	0.3	1.6	8.0	2.5	23.2
1964	0.3	1.4		0.6			0.6	2.8		5.5	0.8	0.2		7.2	1.7	17.7
1965	0.8	2.9		0.5				2.5		4.2	0.3	0.2	1.1	7.7	2.2	18.0

\*The rate for the year is calculated on the births (less the deaths under one year) in the previous year.



TABLE L. — Estimated Populations and Vital Statistic Rates since 1913.

Periods	Estimated Populations			Birth rates			Illegitimate births percentage of total births			Death rates corrected for outward transfers			Natural increase rates			Infant mortality rates			White rates corrected for inward and outward transfers				Enteric fever death rates, corrected for outward transfers			Tuberculosis (all forms) death rates corrected for outward transfers	
	White	Non-White	Total	White	Non-White	Total	White	Non-White	Total	White	Non-White	Total	White	Non-White	Total	White	Non-White	Total	Birth rates	Death rates	Natural increase rates	White	Non-White	Total	White	Non-White	Total
2 Years and 296 days				28.37	47.23	37.85	6.99	25.83	18.41	12.04	27.15	19.39	15.34	18.67	16.96	95.07	218.61	170.18				0.19	0.32	0.25	1.04	4.69	2.82
Quinquennium				26.71	47.54	36.33	6.52	25.12	17.77	11.95	29.54	20.07	12.74	16.04	14.26	90.84	211.71	164.02				0.23	0.47	0.34	0.88	4.47	2.53
"				21.49	49.59	34.23	5.35	24.76	18.12	10.11	26.67	17.62	11.38	22.92	16.61	71.91	181.58	144.15				0.13	0.28	0.20	0.79	4.09	2.28
"				21.43	50.21	34.93	5.50	23.10	17.37	10.52	26.17	17.86	10.91	24.04	17.07	62.77	169.35	134.67				0.08	0.21	0.14	0.74	4.75	2.62
"				18.17	48.90	32.84	4.96	22.55	17.47	10.31	23.95	16.82	7.86	24.95	16.02	49.64	147.16	119.01	18.39	10.57	7.82	0.04	0.08	0.06	0.84	4.99	2.82
"				18.72	46.91	32.63	4.93	21.86	16.93	10.07	21.25	15.58	8.65	25.66	17.05	41.25	122.89	98.17	18.96	10.46	8.50	0.01	0.05	0.03	0.76	4.55	2.62
"				20.82	43.51	32.82	3.82	22.96	17.04	10.25	22.47	16.52	10.57	21.04	15.92	37.87	130.68	102.08	21.18	10.70	10.48	0.02	0.07	0.04	0.72	6.06	3.45
"				19.92	43.26	32.60	2.95	23.95	17.91	9.76	17.20	13.82	10.16	26.06	18.78	29.59	109.12	87.34	20.43	10.09	10.34	0.01	0.05	0.03	0.57	4.50	2.71
"				18.2	37.8	29.8	3.2	24.5	19.2	9.6	12.3	11.2	8.6	25.3	18.6	25.3	102.4	83.5				0.0	0.0	0.0	0.2	1.7	1.1
"				19.1	42.5	33.2	3.9	23.7	19.2	10.3	11.5	11.0	8.8	31.0	22.1	21.8	85.9	71.5				0.0	0.0	0.0	0.2	0.7	0.5
YEAR																											
"	1934-1935	147,640	135,470	283,110	16,59	46,84	31,06	4,75	21,90	17,13	24,80	17,52	5,74	22,04	13,54	50,78	146,18	119,61	16,77	11,13	5,64	0,07	0,05	0,04	0,84	4,66	2,66
"	1935-1936	150,610	138,930	289,540	18,09	48,03	32,45	5,42	21,98	17,18	23,74	16,95	7,41	24,29	15,50	45,14	145,68	116,53	18,37	10,88	7,49	0,04	0,03	0,03	0,79	4,45	2,55
"	1936-1937	152,290	142,520	294,810	17,17	47,53	32,26	4,72	21,91	17,19	19,48	14,47	7,41	28,89	15,79	47,16	108,95	92,04	17,35	9,96	7,39	0,09	0,05	0,04	0,55	4,19	2,31
"	1937-1938	153,300	146,220	299,520	19,13	47,53	32,99	5,47	21,91	16,47	23,45	16,85	8,57	24,08	16,14	41,03	128,86	102,79	19,41	10,82	8,59	0,03	0,05	0,04	0,86	4,76	2,75
"	1938-1939	154,320	150,040	304,360	18,52	46,62	32,37	5,02	22,35	17,32	21,66	15,78	8,46	24,96	16,59	42,11	123,56	99,93	19,41	10,82	8,59	0,03	0,03	0,02	0,79	4,77	2,75
"	1939-1940	155,350	153,980	309,330	19,59	46,43	32,95	5,02	21,77	16,94	19,80	14,86	9,06	26,54	16,09	40,96	123,91	99,14	19,83	10,29	9,54	0,01	0,02	0,01	0,72	4,25	2,48
"	1940-1941	156,380	158,050	314,430	19,18	45,77	32,54	4,41	22,14	16,94	21,72	15,96	9,12	26,05	16,58	35,77	128,78	101,62	19,42	10,73	8,69	0,06	0,04	0,04	0,77	4,77	2,78
"	1941-1942	159,630	162,250	321,880	19,97	42,35	31,27	4,57	22,12	16,60	23,30	17,14	9,12	19,05	14,13	43,81	150,61	117,19	20,30	11,20	9,20	0,07	0,06	0,04	0,73	5,38	3,08
"	1942-1943	164,090	166,590	330,680	21,11	42,01	31,66	3,73	22,06	16,04	21,95	16,27	10,27	20,42	15,39	42,26	125,79	98,65	21,28	11,34	9,94	0,08	0,08	0,05	0,68	6,03	3,40
"	1943-1944	169,180	179,780	348,960	22,82	44,90	34,25	3,46	22,02	16,05	25,51	17,95	12,93	19,48	16,30	32,82	143,21	107,85	23,36	10,45	12,91	0,04	0,04	0,03	0,73	6,93	3,51
"	1944-1945	173,890	185,120	359,010	20,58	44,25	32,81	4,01	24,36	18,24	22,18	16,39	10,42	22,07	16,42	33,91	127,19	99,60	23,93	10,59	10,34	0,09	0,09	0,06	0,73	5,90	3,40
"	1945-1946	178,720	190,690	369,410	19,69	43,79	32,15	3,36	24,23	18,10	19,99	15,00	10,07	23,80	17,15	37,61	109,40	88,73	20,93	10,04	10,03	0,06	0,06	0,04	0,74	5,98	3,45
"	1946-1947	181,550	198,610	380,160	21,93	45,69	34,36	3,10	23,03	17,01	18,64	14,27	12,08	27,05	20,09	27,46	107,97	84,05	22,42	9,79	12,63	0,12	0,12	0,08	0,71	5,17	3,04
"	1947-1948	182,700	208,000	390,700	20,69	42,42	32,29	3,00	23,11	17,06	19,04	15,09	10,17	23,38	17,20	37,06	122,20	97,51	22,42	10,83	12,63	0,04	0,04	0,03	0,66	5,44	3,21
"	1948-1949	183,870	217,840	401,710	20,29	40,94	33,27	2,96	23,89	18,07	17,38	13,83	10,69	26,83	19,44	29,29	100,88	88,37	20,78	10,02	10,76	0,04	0,04	0,02	0,45	4,69	2,75
"	1949-1950	185,040	228,170	413,210	18,70	43,01	32,13	2,69	24,36	18,71	16,44	13,42	10,69	26,83	18,71	29,56	101,47	83,00	19,34	10,03	9,31	0,03	0,03	0,01	0,57	3,96	2,44
"	1950-1951	186,790	255,510	442,300	18,02	41,40	30,16	2,96	24,08	19,42	14,97	12,00	8,47	26,57	18,56	23,91	104,20	84,07	18,44	10,03	8,63	0,02	0,02	0,01	0,46	3,96	2,44
"	1951-1952	187,540	261,280	448,820	18,27	40,94	31,26	3,11	25,40	19,86	14,99	12,82	8,39	25,30	18,43	28,78	106,26	87,26	18,78	10,05	8,73	0,02	0,02	0,01	0,26	2,97	1,81
"	1952-1953	188,300	267,220	455,520	18,37	39,42	30,62	3,38	24,58	19,26	13,12	11,54	9,04	25,30	19,08	21,29	101,35	81,32	18,78	10,05	8,73	0,01	0,01	0,00	0,21	2,97	1,81
"	1953-1954	189,070	273,310	462,380	18,23	37,86	29,86	3,59	24,55	19,30	12,25	11,09	8,86	25,61	18,77	30,43	100,55	83,71	18,78	10,05	8,73	0,01	0,01	0,00	0,21	2,97	1,81
"	1954-1955	189,830	279,580	469,410	17,62	36,95	29,26	2,65	24,55	18,59	11,52	10,60	8,47	25,43	18,66	21,45	10										

The population for the years 1960 onward has been corrected according to the final figures of the 1960 Census. The year of the influenza epidemic (1918-19) is excluded the figures shown being the mean of the other four years of the quinquennium. The birth rates, illegitimacy rates, natural increase rates and infant mortality rates are uncorrected for the year 1919-20 and previous years. City extended by incorporation of Wynberg (1927-28) and the district of Windermere (1943-44). All rates corrected for inward and outward transfers from 1956.





TABLE N. Notification of Infectious Disease Classified for Month of Notification, 1965.

W. — White

O. — Non White

Period	Tuberculosis, respiratory			Tuberculosis, other forms			Enteric			Diphtheria			Scarlet fever			Erysipelas			Cerebrospinal fever			Infective encephalitis		
	W	O	Total	W	O	Total	W	O	Total	W	O	Total	W	O	Total	W	O	Total	W	O	Total	W	O	Total
January	12	110	122	2	15	17		3	3	1		1	3	1	4				1	4	5			
February	9	128	137	1	11	12		4	4	2	1	3	5	5	5					2	2			
March	13	130	143		14	14		1	1		1	1	3	3	8			1	2	2				
April	5	113	118		7	7		3	3		1	1	3	3	3									
May	9	121	130		12	12		2	2				2	2	4			1	3	4				
June	9	117	126		4	4		1	1				2	2	2									
July	8	123	131		6	6	1	2	3	1	1	2	3	3	4	2				1	1			
August	6	127	133		5	5						1	4	4	4				3	3	3			
September	12	141	153		9	9					1	1	3	3	3	2		2	2	2	2			
October	14	144	158		10	10							2	2	4				4	4	4			
November	15	158	173		7	7							2	2	5				5	5	5			
December	9	162	171		6	6				1	1	1	1	1	2				1	4	5			
Year	121	1574	1695	3	106	109	1	16	17	6	6	12	33	11	44	4		4	3	30	33			

Period	Acute poliomyelitis			Ophthalmia			Puerperal fever			Leprosy			Tetanus			Whooping Cough			Kwashiorkor			Lead poisoning		
	W.	O.	Total	W.	O.	Total	W.	O.	Total	W.	O.	Total	W.	O.	Total	W.	O.	Total	W.	O.	Total	W.	O.	Total
January		3	3	1	19	20							2	2	2	1	7	8		29	29			
February		2	2	2	20	22								1	1	1	1	3		41	41			
March				7	16	23							1	1	1		2	2		34	34			
April				6	16	22							2	2	2	2	1	3		27	27			
May				4	15	19							2	3	5	3	2	5		43	43			
June					17	17							1	1	1	2	3	5		37	37			
July					18	18							1	1	1	1	3	4		21	21			
August				5	18	23										2	2	2		27	27			
September		6	6	2	29	31							1	1	1	2	2	2		15	15			
October		1	1	3	29	32							4	4	4		5	7		15	15			
November		1	1	6	22	28				1	1	1				2	7	9		18	18			
December		2	2	8	30	38							1	1	1	2	5	7		16	16			
Year		15	15	44	249	293				1	1	1	12	12	12	20	37	57		323	323			



TABLE O. Notification of Infectious Disease Classified for Age-Groups, 1965.

W - White

O - Non-White

[illegible][illegible]

TABLE P Notification of Infectious Disease Classified for Wards, etc., 1965

W. — White O. — Non-White.

Wards of the City etc.	Tuberculosis respiratory system			Tuberculosis other forms			Enteric fever			Diphtheria			Scarlet fever			Erysipelas			Cerebrospinal fever			Infective encephalitis		
	W.	O.	Total	W.	O.	Total	W.	O.	Total	W.	O.	Total	W.	O.	Total	W.	O.	Total	W.	O.	Total	W.	O.	Total
1. ...	15	16	31	1									1						1					
2. ...	12	9	21		5			1		1			3							5				
3. ...	2	55	57		2			2					3											
4. ...	17	27	44		3			1					4						1					
5. ...	5	44	49		3			1					1						1					
6. ...	7	71	78					1					2						1					
7. ...	7	20	27				1						3						1					
8. ...	9	456	465		16			2					3						5					
9. ...	5	10	15	1				1					5						1					
10. ...	4	613	617	1	59			2					2						12					
11. ...	3	12	15	1	2			8					3						1					
12. ...	6	39	45		2								4						1					
13. ...	7	12	19		3								2						1					
14. ...	11	45	56		2								1						1					
15. ...	11	141	152		10								1						3					
Not allocated		4	4										2						1					
TOTAL	121	1574	1695	3	106	109	1	16	17	6	6	12	33	11	44	4			3	30	33			
Imported infection Direct removals (cases removed to hospitals in Municipal area)	10	363	373	1	18	19		3	3															
	53	151	204	1	27	28	1	27	28	1	28	29	10	3	13				3	22	25		1	1
Guguletu Township Langa Township		307 279	307 279		6 23	23		1	1		2	2								2 3	2 3			

Wards of the City etc.	Acute poliomyelitis			Ophthalmia			Puerperal fever			Leprosy			Tetanus			Whooping cough			Kwashiorkor			Lead poisoning		
	W.	O.	Total	W.	O.	Total	W.	O.	Total	W.	O.	Total	W.	O.	Total	W.	O.	Total	W.	O.	Total	W.	O.	Total
1. ...				4	2	6																		
2. ...				2	2	2																		
3. ...				2	1	3																		
4. ...				2	2	4																		
5. ...				6	5	11																		
6. ...	1	1	2	4	15	19																		
7. ...				8	3	11																		
8. ...	2	2	4	6	34	40																		
9. ...				1	2	3				1		1												
10. ...	9	9	18	1	130	131							3		3									
11. ...					2	2							1		1									
12. ...	1	1	2	3	4	4							1		1									
13. ...					3	3							3		3									
14. ...	1	1	2	4	4	8							2		2									
15. ...	1	1	2	1	45	46																		
Not allocated																								
TOTAL		15	15	44	249	293				1	1	1	12	12	12	37	57	323						
Imported infection Direct removals (cases removed to hospitals in Municipal area)	2	27	29																					
													4	4	4	5	14							
Guguletu Township Langa Township		1 4	1 4		2 46	2 46							1	1	1	5	5			11 64	11 64			



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